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ABSTRACT

The resource guide is intended to assist local Arkansas school districts to establish a program for improving the parent educator partnership in planning and implementing appropriate educational programs for handicapped students. The guide should be used in conjunction with a needs assessment of parents and educators to identify appropriate topics. Program planners would then refer to the section of the resource guide corresponding with the need and select appropriate activities from that section. The first section contains resources and suggested activities necessary for a public awareness campaign. Sections 2 through 5 provide information to topics such as laws affecting the handicapped, characteristics of handicapping conditions, preparation of parents and educators to function as a team, and development of the individualized education program. One major activity is provided in each section followed by several supplemental activities. The appendix contains such items as a parent educator dictionary, a parent involvement bibliography, a listing of organizations for parents of the handicapped, and a sample program planning form. Also contained are a booklet offering practical advice to parents on special education, several Arkansas brochures for parents, and a listing of Arkansas organizations for handicapped students. (DB)

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BENEFITS FOR ALL

RESOURCES FOR DEVELOPING
THE PARENT-EDUCATOR PARTNERSHIP

Midwest Regional Resource Center

Drake University

Des Moines, Iowa

1980

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PREFACE

The benefits of the parent-educator partnership in the educational planning and decision making process for handicapped students have been recognized recently. Public Law 94-142 provides the legal right for parent involvement. However, extending the legal right does not create a parent-educator partnership. A partnership cannot be mandated by law. It must evolve from cooperation between parents and schools.

Benefits for All: Resources for Developing the Parent-Educator Partnership is a resource book for parents and educators. It was developed to assist local school districts establish a program for improving the parent-educator partnership in planning and implementing appropriate educational programs for handicapped students. Parents and educators working together as partners can assure that a handicapped student receives the most appropriate educational program.

The need for the resource book and the outline of contents evolved from the Arkansas Task Force. The resource book was developed jointly by the Arkansas Task Force on Parent Involvement and the Midwest Regional Resource Center.

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ACKNOWLEDGEMENTS

The Arkansas Task Force on Parent Involvement and the Midwest Regional Resource Center wish to thank Jerry Caster, Mental Disabilities Consultant for the Des Moines, Iowa Public Schools, Cathy Benson, Learning Disabilities Teacher for the Des Moines, Iowa Public Schools, Susan Robinson, formerly a consultant with the Midwest Regional Resource Center and Paula Goldberg, Co-Director of PACER Center, Incorporated, Minneapolis, Minnesota. Their contributions provided material necessary to complete this resource book.

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Preparing to Develop a Parent-Educator Partnership

The Parent-educator partnership has the potential to benefit handicapped students significantly by assuring that a free appropriate public education is provided. It is up to parents and educators to make the parent-school partnership a reality. Benefits for All: Resources for Developing the Parent-Educator Partnership was designed to serve as a resource to parents and educators who are striving to improve the parent-educator partnership in their local school district.

Benefits for All: Resources for Developing the Parent-Educator Partnership is intended to be used by a team of parents, educators, support personnel and administrators from a local school district. A core team composed of members of the above groups could plan a program designed to improve the parent-educator partnership. A planning form which may be of assistance to the team in organizing their effort, as well as suggested procedures for using the planning form are provided in the Appendix.

The first step in designing a program would be to assess the needs of the parents and educators in the district. What information do parents and educators need to function as partners and work more cooperatively? A survey or needs assessment which the planning team might use has been provided in the Appendix. After the results of the survey have been compiled, the planning team could use Benefits for All: Resources for Developing the Parent-Educator Partnership. A variety of activities on a number of topics such as Public Law 94-142, characteristics of handicapping conditions, and developing the IEP are contained in the resource book. The planning team would need to analyze the survey results, and then determine which topics were areas of need for the parents and educators in their district. After identifying topics, the planning team would refer to the section of the resource book corresponding with the need, and select the activities from that section which would be appropriate.

The resource book contains six sections. The first section "Benefits for All," contains resources necessary to conduct an awareness campaign. If the planning team concluded from the survey that parents and educators had little or no information about Public Law 94-142 and the benefits of the parent-educator partnership, a good beginning might be to conduct an awareness campaign.

Sections two through six provide information on topics such as laws affecting the handicapped, characteristics of handicapping conditions, preparation of parents and educators to function as a team, and development of the IEP.

One major activity is provided in each section. Following the major activity there are several supplemental activities. It is not necessary to use all of the activities within a section. The planning team would need to choose the activities which best meet their district's needs. If supplemental activities from a section are used without being preceeded by the major activities, the planning team would need to be certain that the intended audience had the background information to complete the activity. It is very important for the planning team to preview carefully the activities from the resource book in making a selection, ensuring that the activity meets the needs of the intended audience and is appropriate for them.

In implementing a program to improve the parent-educator partnership, flexibility is important for success. The resources in this book may need to be modified. Activities presented in this resource book in the form of a lecture may be duplicated and distributed for reading. Meetings do not need to be held at school. They may be held at a church, restaurant, bank or home. A meeting for parents of handicapped students may be most effective if it is conducted by the parent of a handicapped student.

Parents and educators can make the partnership a reality for the benefit of handicapped students. A program to improve the parent-educator partnership carefully designed by parents and educators would be a beginning.

SECTION 1

Benefits for All: Resources for Conducting an Awareness Campaign

Objective: To provide resources to use in conducting an awareness campaign to inform parents and educators of the benefits of the parent-educator partnership.

To provide helpful hints for involving parents in the parent-educator partnership.

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Activity 2: "P. L. 94-142 and the Parent - Educator Partnership: A Second Look" lecturette 30

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For additional information, please read the introduction in Establishing the School-Parent Relationship in Special Education, Jerry Caster, Midwest Regional Resource Center, Des Moines, Iowa, 1979.

ACTIVITY 1: Conducting An Awareness Campaign

Purpose:	To stimulate interest in the parent-educator partnership. To provide basic information about the law regarding education for the handicapped. To motivate involvement in the parent-educator partnership.
Audience:	Parents and educators.
Time Required:	Varies according to level of effort and nature of campaign conducted.

Materials:

Planning form
List of possible activities
Sample resources for use in awareness campaign
Helpful hints

Procedures:

1. Organize a committee of parents and educators.
2. Determine the population you want to affect.
3. List all the possible ideas for informing parents and educators of the benefits of the parent-educator partnership.
4. Select ideas that are realistic for your school district.
5. For each selected idea, list the tasks that must be done to complete the activity.
6. Select one person to coordinate the total awareness campaign.
7. Assign timelines and persons responsible for each task.
8. Use the sample resources provided in this section or be creative and develop your own.

Coordinator____________

Phone____________

AWARENESS CAMPAIGN PLAN

ACTIVITY	TASKS	TIMELINE	WHO IS RESPONSIBLE

POSSIBLE ACTIVITIES FOR INFORMING PARENTS AND EDUCATORS OF THE BENEFITS OF THE PARENT-EDUCATOR PARTNERSHIP

- Create flyers.(Three samples are included in this section.)
- Distribute fact sheets. (Four samples are included in this section.)
- Write public service announcements. (Two samples are included in this section.)
- Make placemats for local restaurants. (A sample is included in the pocket of this resource book.)
- Create posters. (The placemat has also been enlarged for a poster.)
- Have a handicapped person talk about what it's like to be handicapped.
- Sponsor a dinner for parents of handicapped. (A sample program is included in this section.)
- Ask a speaker to make a presentation on "Benefits of the Parent-Educator Partnership". (A sample presentation is included in this section.)
- Disseminate information to parents of handicapped students about ways they can work with their children, such as the parent handbook, FOR PARENTS ONLY, which can be found in the pocket of this resource book.

SAMPLE FLYERS, BROCHURES AND FACT SHEETS WHICH YOU MIGHT USE IN AN AWARENESS CAMPAIGN FOLLOW. BELOW ARE SUGGESTED USES.

HOW YOU MIGHT USE FLYERS, BROCHURES, AND FACT SHEETS:

- mail to parents
- stuff in teacher mailboxes
- send home with students
- distribute at PTA meetings or parent-teacher conferences
- put in bags at local grocery stores
- distribute at churches or community organizations
- doctors' and dentists' offices
- hospital lounges

PARENTS ARE VERY IMPORTANT PEOPLE...

You Know Your Child Better Than Anyone Else!

YOU HAVE AN IMPORTANT ROLE IN PLANNING YOUR CHILD'S EDUCATION. AS A PARENT, YOU ARE A MEMBER OF A TEAM RESPONSIBLE FOR PLANNING YOUR CHILD'S INDIVIDUALIZED EDUCATION PROGRAM or IEP.

WHAT Is An IEP?

An IEP is a plan written by a team of people that states what will be provided for your child at school.
The plan will include:

- What your child has accomplished to date in school
- What your child will accomplish by the end of school year
- Services that will be provided for your child
- Who will work with your child
- Where and when services will be provided
- A plan to evaluate your child's progress

WHO SHOULD BE AT THE MEETING TO WRITE THE IEP?

- YOU
- Your child's teacher(s)
- School administrator
- Testing evaluator
  (if this is the first time your child has been tested)
- And, if appropriate:
  your child, a counselor, a nurse, a speech therapist, an occupational therapist, a social worker and even a personal friend.

WHAT HAPPENS AT THE MEETING TO WRITE THE IEP?

You and other members of the team share information about your child's needs. Using this information, the team writes year long goals and short term objectives. These are the team's best estimate of what your child will accomplish. The team then lists the services and personnel that will help your child reach these goals and objectives.

HOW OFTEN DOES THE TEAM MEET?

AFTER the team writes the IEP, they must meet at least once a year to review it.

WHERE ARE THE MEETINGS HELD?

The meetings are usually held at school, but arrangements may be made to meet somewhere else, such as your home.

Midwest Regional Resource Center,
Drake University, Des Moines, Iowa 50311

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As a PARENT your ROLE on the IEP TEAM is to:

- Provide the IEP Team with a picture of your child's strengths and weaknesses.
- Help the team identify your child's educational needs.
- Assist the team in developing your child's goals and objectives.
- Contribute information about how your child learns and what materials work best.
- Decide with the team what program your child should be in and what services your child should receive.

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Midwest Regional Resource Center
Drake University
Des Moines, Iowa

PARENTS

ARE VERY IMPORTANT PEOPLE

YOU KNOW YOUR CHILD
BETTER THAN ANYONE ELSE

YOU HAVE AN IMPORTANT ROLE IN PLANNING YOUR CHILD'S EDUCATION.

CALLING ALL PARENTS TO BE INVOLVED IN PLANNING FOR THEIR CHILD'S EDUCATION

AS A PARENT YOU ARE A MEMBER OF YOUR CHILD'S INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM.

WHAT IS AN IEP?

AN IEP IS A STATEMENT OF WHAT WILL BE PROVIDED TO YOUR CHILD AT SCHOOL.

IT WILL INCLUDE:

- Your child's current performance level
- Your child's goals and objectives
- Services that will be provided for your child
- Who will work with your child
- Where and when services will be provided
- A plan to evaluate your child's progress

Developed by

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Checklist for Parents...

Before the IEP meeting

☐ Visit your child's classroom to observe your child in an instructional setting.

☐ Start a notebook listing your child's developmental and educational history.

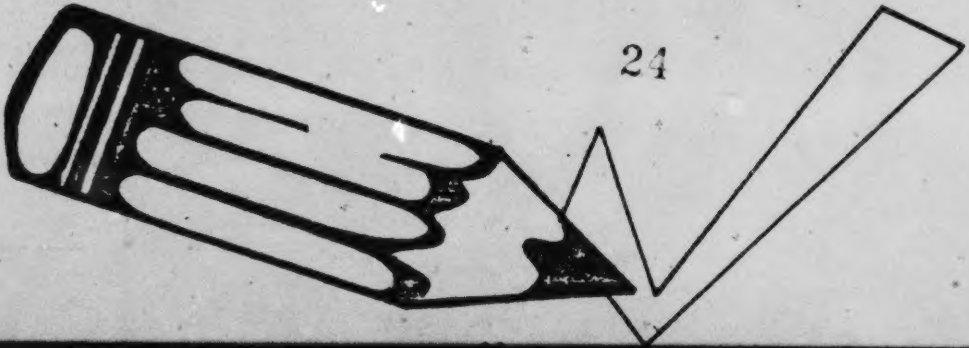
☐ Talk to your child about his/her feelings towards school, subjects, classmates, and teachers.

☐ Keep records of your child's behavior at home such as responsibilities, favorite pastimes, dislikes, typical, daily schedule, interaction with others.

☐ Make out a list of questions that you want to ask school personnel regarding your child's needs.

☐ Make a list of some thoughts to share at the IEP meeting regarding your child's needs and expectations.

☐ Make a list of suggestions that you might like to see written into your child's educational plan.



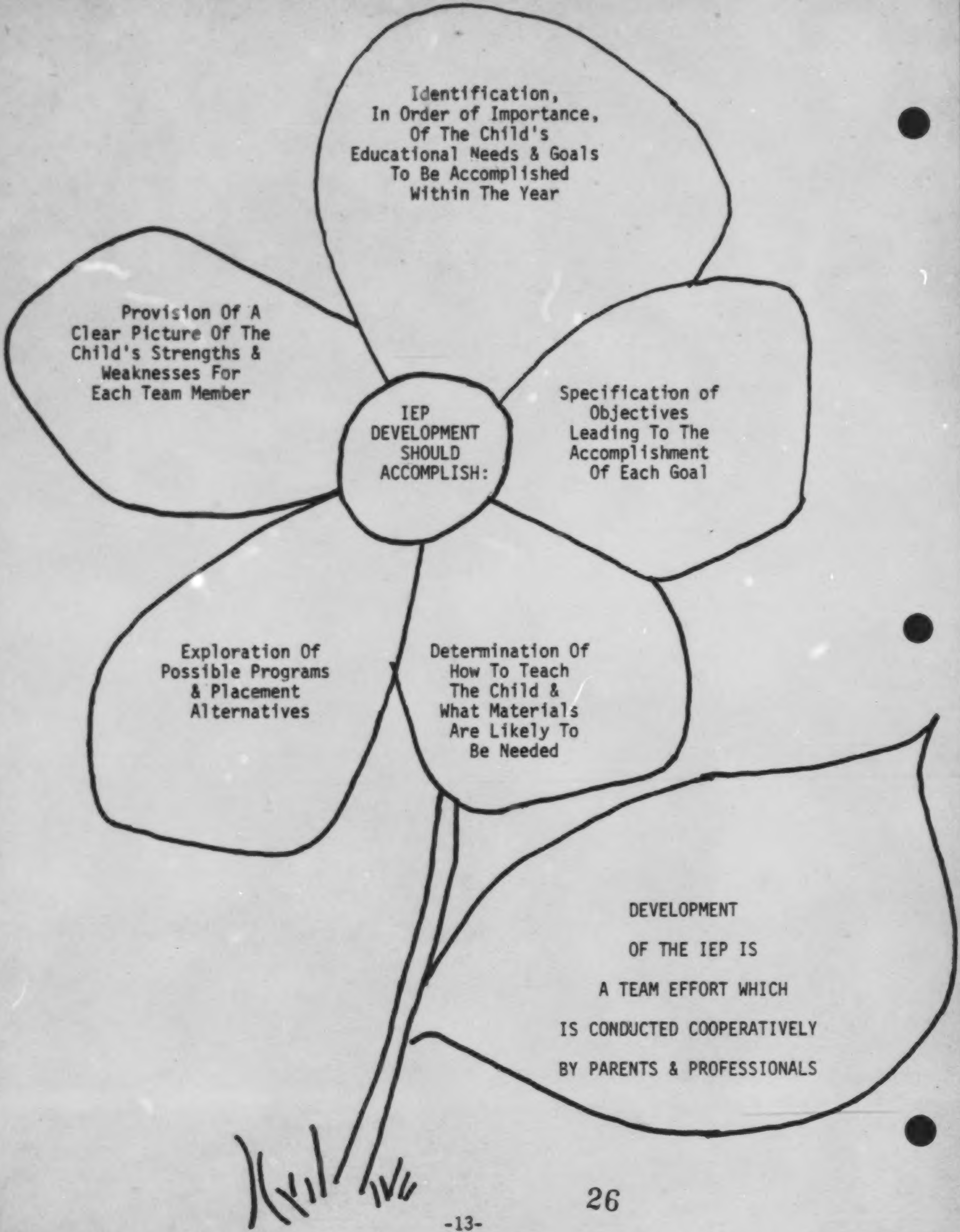
BENEFITS FOR INVOLVED PARENTS AND THEIR CHILDREN

- Achievement of the best classroom program possible.

- Beneficial carry-over effects for other children in the family.

- Planned home training, combined with a classroom for the child, can almost double the rate at which the child learns a particular skill.

- Handicapped children need teaching and "parenting" skills beyond those required by parents of normal children.



IEP DEVELOPMENT SHOULD ACCOMPLISH:

Identification, In Order of Importance, Of The Child's Educational Needs & Goals To Be Accomplished Within The Year

Specification of Objectives Leading To The Accomplishment Of Each Goal

Determination Of How To Teach The Child & What Materials Are Likely To Be Needed

Exploration Of Possible Programs & Placement Alternatives

Provision Of A Clear Picture Of The Child's Strengths & Weaknesses For Each Team Member

DEVELOPMENT

OF THE IEP IS

A TEAM EFFORT WHICH

IS CONDUCTED COOPERATIVELY

BY PARENTS & PROFESSIONALS

INDIVIDUALIZED EDUCATION PROGRAM

FACT SHEET

WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM?

Every handicapped child receiving special education must be provided with an individualized education program (IEP) that specifies what education and related services will actually be provided. The mandate to provide an IEP for every child requires that those responsible for the education examine each child as an individual. This is the key to assure that each handicapped child is receiving a free and appropriate education. The concept of an individually written program for each handicapped child is not new. It is, in fact, what competent educators have been doing for years. What is new is the fact that it is required by federal law, it must be written, and the child's parents must agree to the program.

WHAT ARE THE COMPONENTS OF AN INDIVIDUALIZED EDUCATION PROGRAM?

According to Public Law 94-142, an IEP must:

* Be written.

* Describe the child's present levels of educational performance.

* State annual goals.

* State short-term instructional objectives.

* Describe specific educational services to be provided.

* Determine the extent of the child's ability to participate in regular educational programs.

* Determine the starting date of the child's program.

* Anticipate the duration of the services.

* Select appropriate objective criteria and evaluation procedures to determine whether instructional objectives are being achieved.

* Determine the schedule for evaluating progress, at least annually.

WHO DETERMINES WHAT WILL BE INCLUDED IN AN INDIVIDUALIZED EDUCATION PROGRAM?

Public Law 94-142 requires that a representative of the education agency that has the authority to deliver the agreed upon services, the teacher, the parent or guardian, and, whenever appropriate, the child meet to develop the IEP.

An IEP is basically an agreement between (a) a consumer (who is the student) and his or her parents or guardians and (b) the supplier (which is the local, intermediate, or state education agency). In developing an IEP, the supplier and consumer should explore together the needs of the child, ways those needs can be met, and which educational needs have the highest priority. Thus, an appropriate education is individually designed for each handicapped child by providing special education and related services required to meet those needs.

The following questions and answers are based on material from A Primer on Individualized Education Programs for Handicapped Children, (Torres, 1977).

WHAT INFORMATION WOULD BE HELPFUL IN WRITING AN INDIVIDUALIZED EDUCATION PROGRAM?

Since each program is written for a particular child, it is important to have appropriate assessment data available that indicate the child's present level(s) of performance. Areas of assessment would include intellectual and social development, and physical capabilities such as the use of legs, arms, eyes, ears, and speech. The child's age, grade, and degree of learning to date must be considered when setting goals. Equally important are the child's strengths and weaknesses. These would include such things as general health factors, special talents, best mode of learning, and sensory and perceptual functioning.

Information can come from tests given by psychologists, educational diagnosticians, teachers, or others who have worked with the child, or it can come from teacher or parent observations.

HOW CAN PRIORITIES BE SET?

By looking at the child's present level of functioning, parents and teachers can begin to see critical areas needing attention. These areas can be pinpointed by having parents, teachers, and the child, if possible, state what they think is most important. These become the high priority learning items. Other areas where weaknesses exist can then be identified.

As the IEP is developed, placement needs become apparent. There must be some correspondence between the number and level of the annual goals set and the amount of time available for instruction. Planners need to consider whether goals can be met within the regular program with consultation for the teacher, with a few hours a week of supplementary instruction, or with more hours of direct instruction by a specialist.

HOW ARE ANNUAL GOALS AND SHORT-TERM OBJECTIVES DETERMINED?

Annual goals can only by the group's best estimate of what the child will be able to do within one year. If goals are accomplished sooner than anticipated, additional goals will be set. There must be a relationship between the annual goals set and the child's present level of performance. The support needed to achieve the annual goals must be documented and ther person(s) responsible for such support should be listed.

While the annual goals for each child are established by the planners themselves, the short-term objectives can be obtained from a variety of published sources. A curriculum guide can often be the best tool to use when pinpointing behaviors and sequencing short-term objectives.

REFERENCE

Torres, S. (ed.). A primer on individualized education programs for handicapped children. Reston VA: The Foundation for Exceptional Children, 1977. ($4.95)

RESOURCES

Functions of the placement committee in special education: A resource manual for individualized education programs. Washington, DC: National Association of State Directors of Special Education, 1976. ($3.50)

IEP-- Individual education programming: A role of child study teams for exceptional students in Idaho. Boise ID: Division of Special Education, Idaho State Department of Education, 1976. (Free)

An introduction to individualized education program plans in Pennsylvania. King of Prussia, PA: National Learning Resource Center of Pennsylvanis, 1977. (Free)

Kentucky IEP training manual. Frankfort, KY: Kentucky State Department of Education, 1976 (Free)

Pennsylvania preschool pilot individualized educational program. Harrisburg, PA: Project CONNECT, 1976. (Free)

Schrag, J. Individualized educational programming (IEP): A child study team process. Austin, TX: Learning Concepts, 1976. ($5.95)

A product of The ERIC Clearinghouse for Handicapped and
Gifted Children
1920 Association Drive, Reston, Virginia 22091
1977

PARENTS OF HANDICAPPED CHILDREN

FACT SHEET

WHAT ARE SOME OF THE PROBLEMS FACING PARENTS OF HANDICAPPED CHILDREN?

Parents confronted with the challenge of raising a handicapped child are inevitable overwhelmed by questions. What is the best thing to do-- right now? Should parents try to find a preschool program? Are there good elementary programs in the area that will make the most of the child's abilities? If not, what should parents do? A young child spends so much time at home-- can parents help him during these valuable hours? How? Will raising a handicapped child put too great a strain on the marriage? How will other brothers and sisters react? Where can parents turn for support, answers to pressing questions, and direction to services that are truly responsive to a child's needs?

Many parents searching for help talk of "hitting a stone wall". All too often, parents are given a diagnosis (sometimes in medical terms they barely understand) and have no idea at all what to do next. The need for information is an enormous one especially the kind of information that encompasses the wides possible range, that is related to a child's own special problems, and that is based on identification with the experiences of the parents.

Parents need to know not only about the educational and medical or therapeutic programs, but also about opportunities for recreation for their children and respite for themselves. They need to know about new ideas and hopeful developments in action for the handicapped and who their friends and allies are in the community. They need "how to" information: how to stimulate a young child's development, how to work with teachers and other professionals in bringing out their child's potential, how to act effectively to bring about new programs when services are inadequate or nonexistent.

Getting this kind of information can make a crucial difference to handicapped children and their families. But it is no easy task.

HOW DO PARENTS FIND THE SERVICES THEIR CHILD NEEDS?

Frequently, it is necessary to consult several sources to find out what services are available. It is unlikely that the child's physician or the child's teacher is aware of all the services that are available. Members of local parent organizations are often experts on hard-to-find local services. Information and referral services are provided by local government and social service agencies (look in the telephone book under city or county government and consult the yellow pages under "Social Service Organizations"). Organizations such as Health and Welfare Councils, United Way, and Easter Seal Societies may also prove helpful. Also, Closer Look, the National Information Center for the Handicapped, is organized to link parents with sources of help that exist in their own communities.

WHAT ARE THE RIGHTS AND RESPONSIBILITIES OF PARENTS WITH RESPECT TO THEIR CHILD'S EDUCATION?

A school system can seem very formidable to a parent who first takes a handicapped child in hand and goes to find out what is available. It is important for parents to know the steps to take to obtain services and the staff that have the responsibility for providing those services. Parents have a vitally important role in school conferences on evaluation and placement and in followup procedures that ensure programs are effective. This role, now acknowledged by law, means that parents must have increased familiarity with tests and diagnostic procedures as well as confidence in working with various members of the school team. There are trained advocates in a growing number of communities who can give parents the help they need in these situations. It is a big help, too, to learn basic diagnostic information since this will strengthen the parent as a monitor of their child's school placement.

For years, parents went begging for educational services for their handicapped children. Now, state and federal laws have made it clear that education is every child's right. Legislation passed by Congress in 1975, The Education for All Handicapped Children Act, requires that education be provided to all handicapped children no matter how severe their disabilities may be. Some states call for programs to start at birth recognizing the remarkable progress that can take place when learning starts as early as possible.

Implementation of this law is going to require a concerted action by all concerned citizens. More than ever before, parents must learn to practice the art of practical politics-- to make sure that laws are backed by necessary funding. Coalitions have emerged in many parts of the country, uniting parent groups in their efforts to gain full public support for equal educational opportunities for handicapped children.

WHY SHOULD PARENTS JOIN A PARENT GROUP?

Parent groups have been a significant force at the national, state, and local levels in obtaining needed services and ensuring the rights of the handicapped to such things as an equal education. From the point of view of the individual parent, the greatest value of parent groups is probably the unique kind of understanding and support they can give. It helps to know that one is not alone and to have the advice and encouragement of others who have been through similar difficulties. National, state, and local groups exist for most of the specific handicaps.

The world that parents of handicapped children are living in is changing dramatically. Parents are seen more and more as equal partners with professionals in planning educational programs and helping to carry them out. There is more hope than ever that handicapped children will not be stigmatized by being "different", but will be accepted and respected individuals in the community.

The greater the awareness parents have of their role, the more power they will have to push open doors that are still closed, change rigid and antiquated attitudes, and see their children grow to an adulthood that holds independence and the greatest possible fulfillment.

CHECKLIST FOR ACTION

* Find out from other parents which professionals have been most helpful.

* Join a parent group to obtain personal support and information as well as to increase the group's strength to promote better services.

* Keep a record of observations and all correspondence with professionals and schools.

* Know what rights are guaranteed by law and persist in obtaining an educational program and related services that are appropriate.

* Recognize that feelings of despair,

fatigue, and guilt are common to all parents, especially parents of handicapped children. Get the emotional support needed from other parents or professional counselors.

RESOURCES

Alexander Graham Bell Association for
the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007

American Coalition of Citizens with
Disabilities
1346 Connecticut Ave., N.W. #817
Washington, D.C. 20036

American Council for the Blind
1211 Connecticut Ave., N.W. #506
Washington, D.C. 20036

Association for Children with Learning
Disabilities
5225 Grace Street
Pittsburgh, Pennsylvania 15236

Closer Look
National Information Center for the
Handicapped
P.O. Box 1492
Washington, D.C. 20013

Epilepsy Foundation of America
1828 L Street, N.W.
Washington, D.C. 20036

International Association of Parents of
the Deaf
814 Thayer Ave.
Silver Spring, Maryland 20910

National Association for Mental Health
1800 North Kent Street
Rosslyn, Virginia 22209

National Association for Retarded
Citizens
Post Office Box 6109
2709 Ave. E East
Arlington, Texas 76011

National Association of Parents of the
Deaf-Blind
525 Opus Ave.
Capitol Heights, Maryland 20027

National Association of the Physically
Handicapped
6423 Grandville Ave.
Detroit, Michigan 48228

National Easter Seal Society for
Crippled Children and Adults
2023 West Ogden Ave.
Chicago, Illinois 60623

United Cerebral Palsy Association
66 East 34th Street
New York, New York 10016

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SAMPLE PUBLIC SERVICE ANNOUNCEMENTS WHICH YOU MIGHT USE IN AN AWARENESS CAMPAIGN FOLLOW. BELOW ARE SUGGESTED USES.

WHERE PUBLIC SERVICE ANNOUNCEMENTS CAN BE USED:

- church
- radio
- newspaper
- T.V.
- PTA or school meetings
- civic or community meetings

SPOT ANNOUNCEMENTS

1 - Parents are very important people! You know more about your child than anyone else. If you are the parent of a handicapped child, you have a special responsibility. Only you can share important information about your child with the school. For more information about how you can help your handicapped child at school, call your school principal today.

- -

2 - STOP! Are you the parent of a handicapped child? If the answer is YES, here is good news. Your child must be provided an appropriate education in the public schools at no cost to you. You and the school must work together to decide what an appropriate education is for your child. Your child benefits most when you and the school work hand in hand. Call your school principal to find out how you can work with the school.

HELPFUL HINTS

Are you having difficulty getting parents to come to school? Here are some suggestions which may be helpful.

- invite parents personally by phone or by home visit
- provide transportation
- invite siblings and prepare activities for them
- provide a dinner in conjunction with a parent meeting

On the following pages are additional resources which may be helpful.

STUDENT PARTICIPATION

Grades K - 6 . . . . Peake Middle School Gym

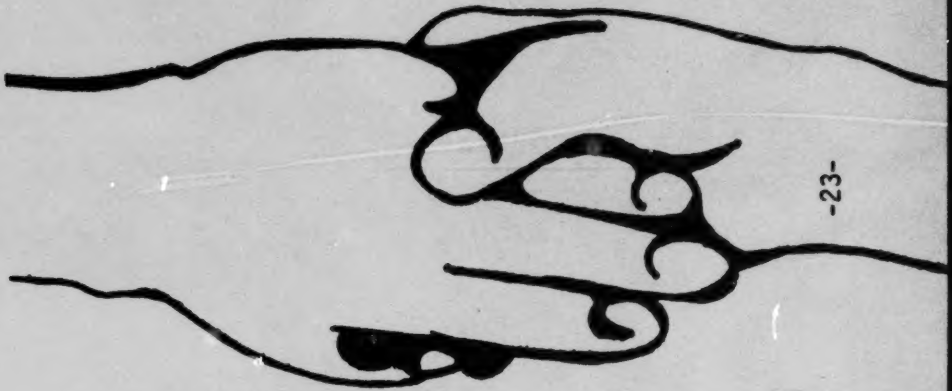
Chairperson - Shirley Murphy

Grades 7 - 12 . . . . HSU - Mooney Hall, Rm. 211

Chairperson - Lonnie Gentry

Pre-School . . . . Berkeley Health - Room B

PLANNING FOR EFFECTIVE PARENT INVOLVEMENT



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Peake Middle School Cafeteria

Arkadelphia, Arkansas

May 10, 1979

6:30 p.m.

MENU

Baked Ham
Garnished with Pineapple
and Crabapple

Green Beans Almodine

Au Gratin Potatoes

Spring Garden Salad

Hot Rolls and Butter

Fruit Sherbert

Iced Tea

Coffee

PROGRAM

Welcome .... Randall Muse, Principal
Peake Middle School

Invocation .... Dr. James Ford, Superintendent,
Arkadelphia Public Schools

Introduction of Guests .... Randall Muse

"Parents and Educators
Working Together:
A Team Approach" .... Judy Zanotti
Albuquerque, New Mexico

Executive Director, Albuquerque
Association For Children
With Learning Disabilities

HOW SCHOOLS CAN REACH PARENTS TO ENCOURAGE THEM TO BE INVOLVED

School personnel can cooperate with outside organizations and agencies to encourage parent involvement in the IEP process. One idea that has proved effective in some states is to encourage the formation of parent groups to provide training for parents of handicapped children about their rights and responsibilities under federal and state laws. These parent groups can be helpful in reaching other parents of handicapped children, especially parents who have not always attended IEP conferences.

An example of "parents reaching other parents" is a model developed by PACER Center, Inc. (Parent Advocacy Coalition for Educational Rights) which is a coalition of 18 organizations in Minnesota. This parent coalition has found that the theme of "parents helping parents" is extremely useful in reaching parents of handicapped children. Parents from PACER provide information and assistance to other parents and encourage them to become involved in their child's education. PACER gives workshops for parents of handicapped children. Parents often feel more comfortable listening to other parents who have been through the same type of experiences as they have. Parents become more confident and are, therefore, more willing to attend IEP conferences if they have attended a parent workshop.

How can schools help to develop a parent/training model for reaching parents? The following are suggestions for setting up a parent workshop:

1. Schools should encourage the development of a "cadre" of parents of handicapped children who are willing to form a group to reach out to all parents of handicapped children. (A small grant could be given through state or local money, as an example, P.L. 94-142 funds can also be used for parent training.)

2. This cadre of parents should become knowledgeable about federal and state laws.
3. The cadre of parents, with the help of schools, should set up a meeting or workshop for all parents of handicapped children in a given community. It should be held at a local building or school in the evening.
4. The parent meeting or workshop should be given by parents for other parents. The content of the workshop could include information on Due Process Rights, Assessment, Individual Education Plans, Parenting and Advocacy. The material should be presented in an easily understood manner. Resource material such as workshop kits should be given to each parent who attends the meeting.
5. Publicity to reach all parents of handicapped children should be obtained. Following are a variety of ways this could be accomplished.
    a. Brochures mailed to every parent of a handicapped child.
    b. Personal phone calls made to parents by other parents or a teacher to encourage them to attend the meeting.
    c. Publicity items printed in local newspapers.
    d. Service announcements made on radio and TV.

6. Hopefully, many parents of handicapped children will attend one of these parent-training workshops. Because they will learn about the special education laws at this workshop, they should become more willing to participate in staffings. Terms that are discussed at staffings will become familiar to parents. Simulations of IEP staffings could be given at this workshop.
7. Parents are often intimidated by schools and school personnel. If parents are provided wtih some basic information on their rights and responsibilities, they should become more comfortable in working with the schools.
8. Parents who attend a parent-training workshop should become more confident in dealing with school personnel. This has been the experience of the parents who have been involved with PACER.
9. An ongoing parent group serves as a valuable resource for parents and school personnel. Another type of assistance a "cadre" of parents can provide is that of attending IEP staffings with other parents.

Parent training can be effective in reaching parents of handicapped children. As more parents of handicapped children become involved, more handicapped children will benefit from the cooperative efforts of home and school. Schools should encourage the formation of parent groups. These groups will help to provide another meaning to the initials IEP-- Informed Effective Parents.

SUGGESTIONS FOR SCHOOL PERSONNEL TO ENCOURAGE PARENT PARTICIPATION

1. Meetings should be held at a time that is mutually convenient for both parents and schools. Some parents are not able to take time off from work to attend a staffing. Schools should make every effort to have a meeting time that is convenient for parents if they are truly interested in obtaining parent involvement.

2. The person contacting the parent by phone or in person should be someone the parent has talked to before. This may not always be possible. However, whoever makes a follow-up call to arrange the Individual Education Program (IEP) meeting should try to make the parent feel comfortable and needed at the staffings.

3. Parents should be welcomed by a staff member when they arrive at school. Schools are sometimes viewed as places that are threatening to parents. Any steps that can be taken to make the meeting comfortable and nonthreatening are encouraged.

4. All members of the staff and participants at the conference should introduce themselves.

5. IEP meetings should not consist of 18 school people. It can be very intimidating and threatening to walk into a meeting with 15 professionals. Try to have small numbers of professionals attend the staffings. However, sometimes the parent wishes that all people who actually conducted testing be present. It may be best to simply ask the parent if he/she wants all staff associated with making the decision present, or would the parent be more comfortable with a smaller group of people.

6. The parents should be encouraged to bring a friend, neighbor or advocate with them to the IEP staffing. It is very helpful to have someone else present even if the other "friend" just listens.

7. The parent should have an opportunity to participate as a full member of the IEP team. Parents know their children and can add important insights to planning an appropriate education. Parents should be given an opportunity to respond to suggestions and to offer their own suggestions. A parent is more likely to respond with important information and feel comfortable about doing so if he/she is given the responsibility of bringing that information to the IEP meeting. Help parents prepare by letting them know ahead of time specifically what educators will want to know.

8. School personnel should try to explain all terms in easily understood language. It is so easy to use jargon and terms that parents are not familiar with and that make the parent feel uncomfortable. Parents should be made to feel free to ask questions if they do not understand things.

9. School personnel should make sure that they stress a child's strengths as well as weaknesses. Often at staffings, school personnel will list all the negative characteristics of a student, which makes a parent very uncomfortable and defensive.

10. After a staffing, school personnel should continue to provide information to parents as frequently as possible through calls, notes or visits.

ACTIVITY 2: "P.L. 94-142 and the Parent-Educator Partnership: A Second Look"

Purpose: To stimulate interest in the parent-educator partnership.

To provide basic information about the law regarding parent involvement in the education of the handicapped.

To motivate further involvement in the educational process in parents and educators.

Audience: Parents and educators.

Time Required: Thirty to forty-five minutes.

Materials:

Lecture notes
Transparencies 1-8
Blank transparency
Overhead Projector
Screen
Transparency Pen

Procedures:

A. Before the Activity

1. Prepare a lecturette using the notes titled "P.L.94-142 and the Parent-Educator Partnership: A Second Look".

    a. Use the notes to become familiar with the content, and develop your own presentation. This will personalize your presentation, and help you speak to your audience rather than read the notes.

    b. Transparencies have been provided that correlate with the notes. One star (*) indicates a transparency is put on the overhead. Two stars (**) indicate a transparency would be removed.

    c. Consider the audience in developing your presentation. The audience may consist of parents, educators or both. Try to speak directly to your audience.

B. Implementing the Activity

1. Demonstrate a commitment to the content of the presentation.
2. Use the transparencies if you wish.
3. Encourage questions and comments from the audience during and after the presentation.

P.L. 94-142 AND THE PARENT-EDUCATOR PARTNERSHIP

A SECOND LOOK

A great deal of attention has recently been given to the topic of involvement of parents in the education of handicapped children. The reason for this is the implementation of the All Handicapped Children's Act of 1975 or Public Law 94-142. This legislation does more than encourage parent involvement; it requires it! Or, at the very least, it requires the school to provide parents with every opportunity to become involved and to document it.

Generally, our society has not responded well to requirements. We have learned from childhood not to like to do things that we are told we must do. Think of the attitude of children when told they must brush their teeth. Or, at our level, how many adults respond to the 55 miles per hour speed limit requirement. For some reason, when something is required, or mandated, it assumes the form of something undesirable rather than desirable. negative rather than positive, and something that is O.K. not to do as long as no one finds out. Even some of the desirable habits we formed as children, like cleanliness, orderliness, or neatness may still retain an aura of something that we "must do" instead of something we choose to do.

My point is that parent involvement is too important to be viewed as just another requirement. There are too many benefits for everyone. This may seem farfetched to those of you who know the years of sweat put in by your parent and professional organizations in bringing about the birth of P.L. 94-142. Or, it may seem farfetched for those who remember children being denied admission to school because they were too handicapped, parents being told no services were available because a class was full, or the placement of children being periodically juggled without parental input. Unfortunately, the dramatic changes in social philosophy and services for handicapped children in the last few years will cause those memories to fade. And, the memories of new parents and educators will not contain that information. Just think of the historic date of July 20, 1969. What happened then? Those first footsteps of Neil Armstrong on the moon, which were dramatic at the time, are now remembered by many with the excitement of "Columbus sailing the ocean blue."

The spirit of the legislation, that is the creation of a school-home partnership that helps children, will be maintained if we continually take a second look at the reasons for parent involvement. We don't want parent involvement to become synonymous with paperwork, legal protection or bureaucracy. We don't want you, educators, to think of it as writing reports and you, parents, to think of it as attending meetings or signing forms. We have a shared responsibility to insure that everyone views parent involvement as something we ought and want to do and not something that we have to do.

(*1) The rules of P.L. 94-142 require that parents be given the opportunity to be involved in the evaluation, placement and instructional process of their handicapped child. The instructional process, at a minimum, includes the development of the IEP and the Annual Review. It can include a great deal more in the way of parent involvement. (**1)

Let's look at the evaluation and placement process first. In comparison with the instructional process, it is the shortest in terms of length of time. But, it definitely has a bearing on the willingness of you, parents, to be involved later on. At best, the time of identification and evaluation is a time of stress for parents. The focus is on something being "wrong" with their child with school performance being unsatisfactory. Even when you have been aware of developmental delays in your child, a degree of anxiety is very, very normal. A child is part of every parent; none of us can leave our feelings outside the schoolhouse door. The focus here is on why the parent should be involved. The reasons include: (*2.1) First, parents have a right to know the nature of the educational problems of their child. The use of the term "right" may convey a legal meaning. But, it goes far beyond that. All parents are interested in how their children do in school. The information provided can sometimes promote a more complete understanding of the child. That can aid the family unit in accepting and adjusting to the child, and to one another. In addition to a right to know, parents have a real need to know. A second reason for involvement is that parental support (*2.2) is beneficial to the child. If the child is to receive special education service, the attitude of the parent about the worthwhileness of those services means a lot. Parental attitude can mean the difference between a student trying his best,or feeling guilty about letting parents down by needing special education. Attitudes mean the difference between parents responding approvingly, when told what happened at school, or subtlely communicating disapproval...until there is no more sharing. Obviously, home support pays off for the child and the school. Because of the legal protections provided to parents, you might think that consent for special education services occurs only when they approve and feel those services are needed. That's not really the case. Parents can respond to special education services as people do to taxes. Paying taxes is something that has to be done because there are no real options. However, that doesn't mean people like it. The same may be true in special education; there may be no real options for the child. Those feelings must be discussed. Otherwise, the parent may withdraw from participating in what could be a true partnership. (**2.)

The initial contact with the parent and their active involvement in the identification of the problem, the evaluation process, and the placement decision is important. First impressions are always important, but especially in the case of school contact with parents of handicapped children.

(*3.0) Now, let's look at your involvement, as parents, in the instructional process, participation in the development of goals and objectives and in the review of student growth. You and the child are consumers. This involvement gives you knowledge of what it is that you are purchasing. When you buy a home appliance, you know what it is you want it to do before you purchase it. If you are given something that doesn't do what you want, your emotions may range from slight annoyance to outright anger. While there are too many unknowns in dealing with children to guarantee results (*3.1), having parents help in the goal setting insures agreement on the purposes of instruction. (*3.2) Involvement in the evaluation of progress lets parents know if the desired changes have occurred. It helps to decide if special education is working for the child. This is important from two standpoints: First, schools need to make sure that all parents are aware of the good things that are happening for their children. This promotes support for the school and involvement of the home in the daily activities of the child. When progress occurs, you can be assured that parents are pleased and they also share their feelings with others in the community. If progress does not occur as expected, parent involvement helps to solve problems. It creates a situation where everyone works together to decide what should be done next. Parents don't feel the school is attempting to shut them out when they are involved. (**3)

Those are only the surface reasons for parents of handicapped children being involved in the instructional process. They really constitute the basic communication expected in any good provider-consumer relationship. This is true whether it is with the doctor and patient, or with the mechanic and the car owner. However, there are even more reasons for parents to be involved in the education of their handicapped children. Some reasons for parents to be involved are :

(*4.0) 1. Learning is a complex process. Only when something taught in the classroom is generalized beyond that environment has learning really occurred. You, as parents, can provide practice on skills and feedback on whether or not they are being generalized at home. Consider such things as self-help skills, speech and language skills, or math skills like telling-time and handling money.

Unless those skills are used outside the school, we know they won't be retained. They will be forgotten. Parents can provide the valid feedback needed to determine if instruction is working or if it needs to be altered in some. Otherwise, a lot of time can be spent doing things at school that don't produce meaningful change in children.

2. Being a parent is always difficult. The road is more difficult if a child has problems. Not only is the handicapped child involved, but also the emotions and attitudes of siblings, relatives, and maybe even neighbors. Also, parents of handicapped children get a lot of advice from others about what they should do. A good home-school relationship provides a resource for parents so they can get an objective view of the needs and development of the child. Everyone benefits because the expectations for the child can be more consistent in the two environments. Also, this communication helps the school be aware of skills, which if learned, would make it easier for the family. The fewer the difficulties that you have as a parent, the better the situation for everyone.

3. Another reason for parent involvement is that handicapped children develop new problems as they get older. As with all children, problems change with age. While no difficulties may exist in managing the nine year old, by the time he or she is fourteen, a whole set of problems can emerge. Or, just making the transition into junior or senior high can be very difficult for some children. Or, the birth of another child in the family, divorce, or any one of a hundred things that alter the status quo can have a great impact on the child at home and at school. All children react to these changes.

Adjustment is usually more difficult for handicapped children. By learning to work together it is possible to anticipate and prevent some of the problems. Where they can't be prevented, they can be lessened or solved. But, we must learn to work together before a crisis if we are to be of the most help to the child.

4. Another reason to involve parents is that the school can be wrong. Assumptions made in a testing situation or in the classroom may not be valid when the people who know the child best - you, the parents, - look at him or her. Parental input can help good decisions to be made, and when errors exist, to identify them early. For example, a teacher reports that a student does not know the spelling words, and the parent disagrees. What is discovered, through an atmosphere of cooperation, is that the student spells the words orally to mother and writes them on paper in school. Both have made correct observations, but the combined information provides a better understanding of how the student learns and how he or she should be taught. This can never occur if either the school or the parents do not communicate with each other. (**4)

It may be possible to identify some more reasons why parent involvement is desirable. What ideas do you have?

(Record the ideas on a blank transparency)

Those are good reasons for parent involvement!

Our purpose here has been to establish that the parent-educator partnership is good for everyone - the child, the parents and the school. It is something that we and our representatives worked hard to build in as a basic part of the education of all handicapped children.

I would not like to give you the impression that all parents and educators are ready to work together. That would be naive. There are parents and educators who are afraid, who are distrustful, and who do not know how to communicate effectively. However, most are people who just need to learn how to make the parent-educator partnership work.

Achieving a true parent-educator partnership is not an easy task. It requires the recognition that no one person has all of the answers or the good ideas. It requires a commitment on the part of parents and educators that working together is worth the investment of time, energy and self because of the potential positive force that it holds for children.

The partnership is an active process. It is participation. It is more than attending a meeting, passively giving approval or signing forms. Achieving a true partnership will be hard work. The partnership between parents and educators is something that we have to strive for because it is good, not because it is required.

(*5.0) Parent involvement, the law makes it necessary. But, commitment will make it happen. (**5.0)

REQUIRED PARENT INVOLVEMENT

1. Evaluation
2. Placement Process
3. Instructional Process
    a. IEP
    b. Annual review

EVALUATION - PLACEMENT PROCESS

IT'S THEIR CHILD

BENEFICIAL TO THE CHILD

Section I.
Transparency 3.

INSTRUCTIONAL PROCESS

(3.1) PROMOTES AGREEMENT ON PURPOSES

(3.2) GIVES FEEDBACK TO PARENTS

OTHER REASONS ...

LEARNING IS A COMPLEX PROCESS

BEING A PARENT IS ALWAYS DIFFICULT -
WORKING TOGETHER HELPS

HANDICAPPED CHILDREN DEVELOP
NEW PROBLEMS

THE SCHOOL MAY BE WRONG

PARENT INVOLVEMENT

THE LAW MAKES IT NECESSARY.

COMMITMENT MAKES IT HAPPEN.

ACTIVITY 3: "More Like Us Than Unlike Us": A Parent Talks to Educators

Purpose:	To assist parents and educators in working together as a team.
Audience:	Parents and educators.
Time Required:	Thirty minutes.
Materials:	Video tape player Video tape monitor Video tape: "More Like Us than Unlike Us" (Available through your state department in: 1/2" black and white 3/4" color cassette) Handout 1

Procedures:

A. Before the Activity

1. Preview the videotape.

2. Duplicate the handout.

B. Implementing the Activity

1. Introduce the videotape.

    a. Joyce Shaffer is the mother of a handicapped child.

    b. She talks about the frustrations and the rewards of the parent-educator partnership.

    c. She outlines suggestions for improving the partnership.

2. Distribute Handout 1. Ask the participants to jot down helpful ideas as they view the videotape.

3. Show the videotape. Following this, allow a few minutes for discussion. Ask participants to share the helpful ideas they noted.

HANDOUT 1

MORE LIKE US THAN UNLIKE US

List below suggestions from the videotape which would help parents and educators work together as a team.

SECTION 2

Education for All: An Overview of the Laws Affecting Education of the Handicapped

Objective: To provide parents and educators with information about laws affecting the education of the handicapped.

Contents: Page

Activity 1: "A Free Appropriate Public Education: Public Law 94-142 and the Least Restrictive Environment" lecturette 48

Activity 2: "P.L. 94-142: A Free Appropriate Public Education for Handicapped Children" filmstrip 74

Activity 3: Check Yourself 75

Activity 4: Problem Solving 78

For additional information, please read Section 2, A Partnership with Parents: Historical and Legal Perspectives and Section 8, Resources, in Establishing the School-Parent Relationship in Special Education, Jerry Caster, Midwest Regional Resource Center, Des Moines, Iowa, 1979.

ACTIVITY 1: "A Free Appropriate Public Education" lecturette

Purpose: To provide information to parents and educators about laws that affect the education of the handicapped.

Audience: Parents and educators.

Time Required: Thirty to forty-five minutes.

Materials:

Lecture notes
Transparencies 1 - 7
Blank transparency
Overhead projector
Screen
Transparency pen

Procedures:

A. Before the Activity

1. Prepare a lecturette using the outline and the summary of P.L. 94-142, Section 504 and Least Restrictive Environment.

    a. Use the notes to become familiar with the content, and develop your own presentation.

    b. Transparencies have been provided that correlate with the outline. You may wish to duplicate some of the transparencies and use them as handouts.

    c. Handouts have been provided that reinforce the content. Select the ones you want to use and duplicate them.

    d. Consider your audience in developing your presentation. Your audience may consist of parents, educators or both. Try to make your presentation meet their needs.

B. Implementing the Activity

1. Use the transparencies if you wish

2. Encourage questions and comments from the participants during and after the presentation.

Notes to the facilitator:

1. It is important to be very familiar with the law as you may get detailed questions from participants.

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PUBLIC LAW 94-142 AND THE LEAST RESTRICTIVE ENVIRONMENT

LECTURETTE OUTLINE

I. Introduction

   A. Recognition of right of children to an education.

II. Public Law 94-142

   A. Need for the law.

   B. Purpose of the law. (Transparency 1)

   C. Major features of P.L. 94-142. (Transparency 2)

      1. Procedural Safeguards.

      2. Least Restrictive Environment.

      3. Individualized Educational Plan.

   D. Section 504. (Transparency 3)

      1. Statement explaining Section 504.

III. Least Restrictive Environment

   A. What P.L.94-142 says about LRE. (Transparency 4)

   B. Use of the term mainstreaming.

   C. Basic components of LRE. (Transparency 5)

   D. Different service models. (Transparency 6)

   E. The relationship of the IEP and LRE.

   F. Placement of children in the LRE.

IV. Conclusion

   A. Myth of LRE.

   B. P.L.94-142 gives handicapped students the right to an education.

   C. LRE: What it is and is not. (Transparency 7)

   D. Benefits for non-handicapped.

Meeting the Least Restrictive Environment Challenge: Preliminary Considerations For Educators, Karen Ford and Lloyd Stjernberg and the Midwest Regional Resource Center, Des Moines, Iowa, 1979.

SUMMARY OF PUBLIC LAW 94-142, SECTION 504, AND LEAST RESTRICTIVE ENVIRONMENT

Public Law 94-142:

Public Law 94-142, the Education of All Handicapped Children Act of 1975, has been referred to as the "Bill of Rights for the Handicapped" because it is designed to correct inequalities on behalf of the handicapped.

Need for this federal law was evident as the following information was presented at the Congressional hearings:

- over 1.75 million children with handicaps in the U.S. were being excluded entirely from receiving a public education solely on the basis of their handicap.
- over half of the estimated 8 million handicapped children in the country were not receiving the appropriate educational services they needed and/or were entitled to.
- many other children were still being placed in inappropriate educational settings because their handicaps were undetected or because of a violation of their individual rights.

The major purpose of PL 94-142 is to provide a free, appropriate education to all handicapped children ages 3-21. This intent is reflected clearly in the following statement of purpose.

> It is the purpose of this Act to assure that all handicapped children have available to them, within the time periods specified, a free appropriate public education which emphasizes special education and related services designed to meet their unique needs. (Public Law 94-142, 1975, Sec. 3, c)

More specifically PL 94-142 can be organized around three major features. The three major features are: (1) procedural safeguards, (2) least restrictive environments, and (3) individualized education plan.

(1). Procedural safeguards

The intent of the procedural safeguards is to insure application of due process for the handicapped in regard to identification, evaluation, and placement decisions. These safequards are included in the Act to insure that the rights created by the Act are in fact made available to children who are handicapped, their families, and the public schools. The following are specific safeguards included in the Act:

- parents must be provided written notification before evaluation (notices made in the native language of the home).
- parents may obtain evaluations independent of the school.
- parents have access to all relevant records.
- parents must receive written notice whenever the school proposes a change in identification, evaluation, or educational placement of their handicapped child.
- parents have the right to present complaints regarding the identification, evaluation, placement, or the provision of a free appropriate education.
- surrogate parents must be appointed if the parents or guardian of the child are not known or available, or if the child is a ward of the state.
- right to an impartial due process hearing.
- right to appeal the findings and decisions of the hearings.

(2). Least Restrictive Environment

The act states that, to the maximum extent appropriate, handicapped children are to be educated with children who are not handicapped. The emphasis is on the regular class as the preferred instructional base for all children.

(3). Individualized Education Plan

The individualized education plan (IEP) is the means through which the goal of the Act (appropriate education) is to be met. The IEP is a statement, which has been agreed upon by the parties concerned, setting forth the program which will be provided to the handicapped child. Major components of the IEP include the following:

- a statement of the child's present levels of educational performance.
- a statement of annual goals.
- a statement of short-term instructional objectives.
- a statement of specific educational services needed by the child including:
  - all special education and related services.
  - any special instructional media and materials.

Section 504:

Section 504 is a part of PL 93-112, the Vocational Rehabilitation Acts Amendments of 1973. It reads as follows.

> No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Section 504 applies to all handicapped individuals regardless of age. Thus, children from ages 3 to 21, who are the includeds covered in PL-142, are included in Section 504. This results in children being provided an appropriate education and being eligible for services in regular programs.

Least Restrictive Environment:

Following is a summary of the provisions made in P.L. 94-142 regarding Least Restrictive Environment. It is taken from Sections 121a. 550 -121a.556.

A. Each public agency shall insure:

(1). That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and

(2). That special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids cannot be achieved satisfactorily.

B. Each public agency shall insure that a continuum of of alternative placements is available to meet the needs of handicapped children for special education and related services.

The continuum must:

(1). Include the alternative placements listed in in the definition of special education, and

(2). Make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.

C. Each public agency shall insure that each handicapped child's educational placement:

(1). Is determined at least annually,

(2). Is based on his/her individualized education program, and

(3). Is as close as possible to the child's home.

D. Each public agency shall insure that:

(1). The various alternative placements included in B above are available to the extent necessary to implement the individualized program for each handicapped child.

(2). That unless a handicapped child's individualized education program requires some other arrangement, the child is educated in the school which he or she would attend if not handicapped, and

(3). In selecting the least restrictive environment, consideration is given to any potential harmful effect on the child or on the quality of services which he or she needs.

Comment: The overriding rule in this section of the law is that placement decisions must be made on an individual basis. The section also requires each agency to have various alternative placements available in order to insure that each handicapped child receives an education which is appropriate to his or her individual needs.

The analysis of the regulations for Section 504 of the Rehabilitation Act of 1973 includes several points regarding educational placements of handicapped children which are pertinent:

(1). With respect to determining proper placements, the analysis states: "***It should be stressed that, where a handicapped child is so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the handicapped child cannot be met in that environment. Therefore regular placement would not be appropriate to his or her needs***."

(2). With respect to placing a handicapped child in an alternative setting, the analysis states that among the factors to be considered in placing a child is the need to place the child as close to home as possible. Recipients are required to take this factor into account in making placement decisions. The parent's right to challenge the placement of their child extends not only to placement in special classes or separate schools, but also to placement in a distant school, particularly in a residential program. An equally appropriate education program may exist closer to home; and this issue may be raised by the parent under the due process provisions of this subpart.

E. In providing or arranging for the provision of nonacademic and extracurricular services and activities, each public agency shall insure that each handicapped child participates with non-handicapped children in those services and activities to the maximum extent appropriate to the needs of that child.

Comment. This requirement is based on a portion of Section 504 which states: "Handicapped children must also be provided nonacademic services in as integrated a setting as possible. This requirement is especially important for children whose educational needs necessitate their being solely with other handicapped children during most of each day. To the maximum extent appropriate, children in residential settings are also to be provided opportunities for participation with other children."

F. Each State educational agency shall make arrangements with public and private institutions as are necessary to insure that education in the least restrictive environment is effectively implemented.

Comment. Regardless of other reasons for institutional placement, no child in an institution who is capable of education in a regular public school setting may be denied access to an education in that setting.

G. Each State educational agency shall carry out activities to insure that teachers and administrators in all public agencies:

(1). Are fully informed about their responsibilities for implementing this part of the law, and

(2). Are provided with technical assistance and training necessary to assist them in this effort.

H. The State educational agency shall carry out activities to insure that this section of the law is implemented by each public agency. If there is evidence that a public agency makes placements that are inconsistent with this section of the law, the State education agency shall:

(1). Review the public agency's justification for its actions, and

(2). Assist in planning and implementing any necessary corrective action.

Placing a student in the least restrictive environment is a provision of P.L. 94-142 for educational programming for handicapped individuals. Through this provision, emphasis is placed on needs of the individual learner rather than upon labels or categories. As stated by Dr. Ed Meyer, "a unique feature of P.L. 94-142 (and P.L. 93-380) is the emphasis on the regular class as the preferred instructional base for all children."

The Law states that, to the maximum extent appropriate, handicapped children, including children in public and private facilities, are to be educated with children who are not handicapped and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment should occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Section 504 has almost the same specifications as the least restrictive statute in P.L. 94-142. However, Section 504 has the added stipulation of "nearest placement to home."

Other terms have often been applied to the least restrictive environment concept. Most common of these is the term mainstreaming. Because the term mainstreaming has gained a negative connotation, it is being replaced and reference is made to educating the handicapped individual in the least restrictive environment or LRE. Basic common components of the least restrictive environment concept include:

(1). handicapped individuals will be educationally served through placement with nonhandicapped peers in the regular class setting "to the maximum extent possible",

(2). providing for the educational needs of individual children rather than categories,

(3). providing alternatives for serving the needs of children,

(4). providing support services to the regular classroom teacher when special assistance is needed, and

(5). providing direct support services to the child so the child can be maintained in the regular classroom setting.

Many educators equate the least restrictive environment concept with a wholesale return of all handicapped children to regular classes, and that is not true. The law does not require all handicapped children be placed in regular classes, but it does require the schools be able to justify placement decisions in which a handicapped child is served outside the regular classroom.

The least restrictive environment concept advocates that a variety of placements be made available to handicapped children. One of the models most requently referred to is the one developed by Evelyn Deno. Deno's Cascade of Special Education Services is a hierarchy of service options which range from the basic segregated model to the most integrated model. Program alternatives range from Level I, which represents meeting students needs through regular class placement, to Level VII, which is noneducation and most restrictive. The goal is to be able to place as many children as can be appropriately served in Level I, i.e., regular class. This model illustrates the need for various service levels in meeting the needs of various handicapped children.

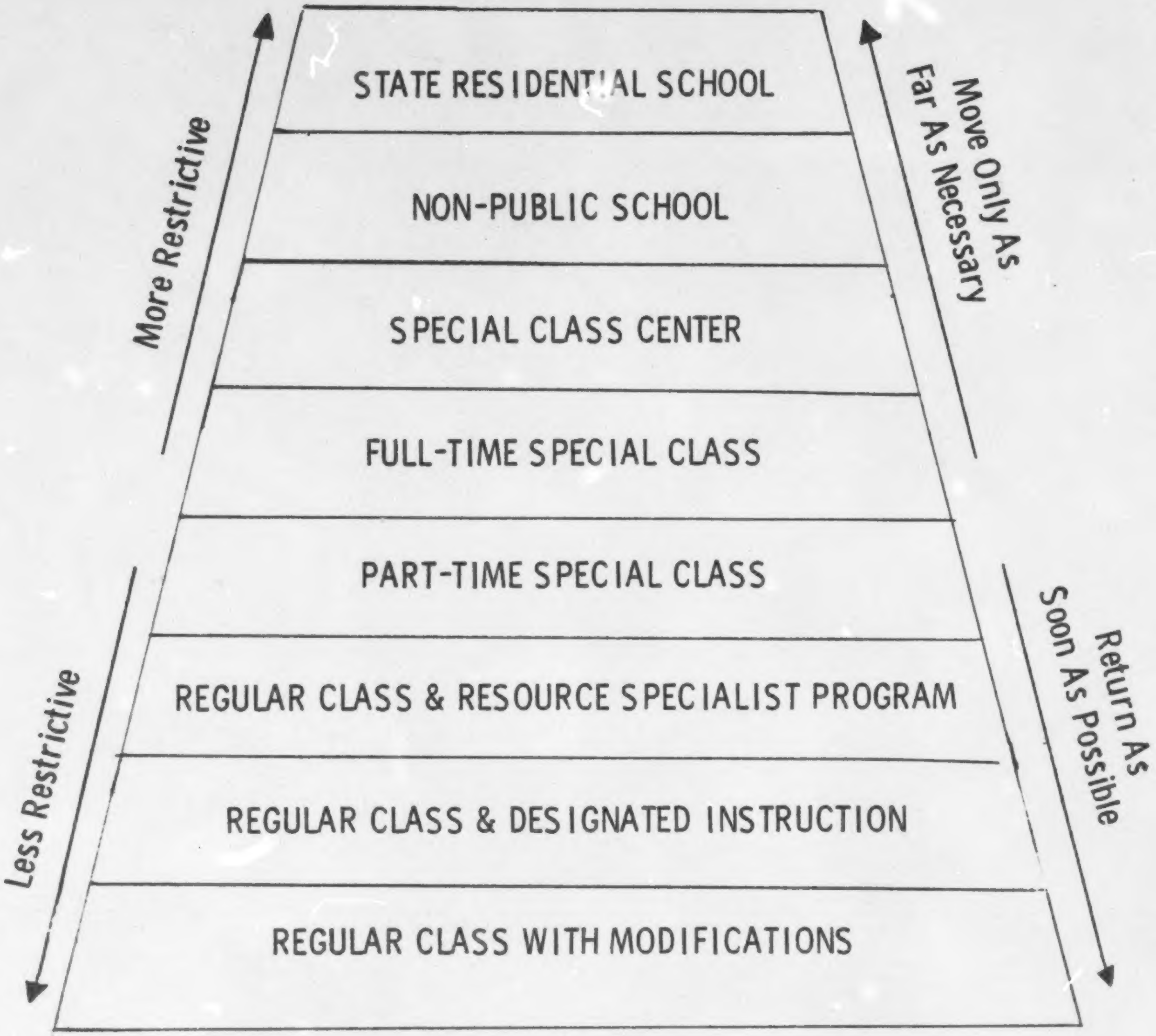
The IEP is the management tool by which the maximum least restrictive environment is met. The least restrictive environment placement must meet the unique needs of each student. Therefore, the most appropriate placement for a handicapped child may be a self-contained special class. For this child his/her needs are being met in the least restrictive environment. The important point to be made is that alternative services and educational planning is available for each handicapped child and that the services are matched to the needs of the child.

The least restrictive environment concept results in children not merely being labeled and placed. For example, a child is not called "learning disabled" and placed into a third grade. Instead, the child is provided an educational program based upon specific and objectively defined needs.

Sections of these notes are from the Federal Register, Vol. 42, No. 163, Tuesday, August 23, 1977 and Vol. 42, No. 86, Wednesday, May 4, 1977.

Handout 1

PROGRAM OPTIONS


STATE RESIDENTIAL SCHOOL
NON-PUBLIC SCHOOL
SPECIAL CLASS CENTER
FULL-TIME SPECIAL CLASS
PART-TIME SPECIAL CLASS
REGULAR CLASS & RESOURCE SPECIALIST PROGRAM
REGULAR CLASS & DESIGNATED INSTRUCTION
REGULAR CLASS WITH MODIFICATIONS
More Restrictive
Less Restrictive
Move Only As Far As Necessary
Return As Soon As Possible

Excerpted from: Directions I, A Guidebook for Families, Western Los Angeles Direction Service, A Project of the University of Southern California, sponsored by the Bureau of Education for the Handicapped, Washington, D.C. April, 1978.

DETERMINING THE LEAST RESTRICTIVE ENVIRONMENT FOR A STUDENT

One of the important guarantees of P.L. 94-142 is that handicapped children are, to the maximum extent appropriate, educated with normal or less-handicapped peers. Only when the nature or severity of the child's handicap is such that s/he cannot be educated in the regular school program-- even with the aid of specialists-- can removal of the child from regular education be justified. This provision of the law is known as the "least restrictive environment."

Educators are currently struggling to arrive at a functional definition of the concept of "least restrictive environment." Regardless of how we define it, the goal is to provide the best learning environment possible for both the exceptional and the normal child, and to assign children to classes and teachers on the basis of educational needs, rather than handicapping condition. Some things which must be considered in making placement decisions are:

1. What are the student's strengths and primary learning needs?
2. What type of educational setting can most effectively help meet the child's needs? Why?
3. Is the child able to be successful in an integrated program (with nonhandicapped students) for most, or part of the day? How much should the student be integrated in the regular school program and for what kinds of activities?
4. If the child requires placement in a special class or center, what opportunities will s/he have for interaction with nonhandicapped, or less-handicapped peers?

5. Does the physical environment of the setting allow for a wide range of movement and activity?
6. Are the expectations of the staff realistic for this child? (Points one to six are adapted from Edgar, 1976)

The term "least restrictive environment" has come to be equated with "mainstreaming" or the "integration of handicapped children in regular classrooms". Keep in mind, however, that the concept of "least restrictive environment" means many things. It means that handicapped children have the right of access to appropriate public education programs, unimpeded by architectural, physical, financial, or attitudinal barriers. They have a right to a place in their community, along with all other children. Parents have a right to participate in the discussion and decision concerning their child's placement, to examine the alternatives, and to give their consent. Let's return for a minute to the point about "mainstreaming". Some parents view this trend with joy-- that their child will no longer be segregated; others view it with alarm-- that their child will be underserved or even harmed. Some parents of nonhandicapped children, as well as some regular and special educators, also have mixed emotions on this subject. Here are some things you should know about mainstreaming:

1. It is an approach that has already been used successfully with mildly-handicapped students in some school districts;
2. Mainstreaming does not mean that special classes and centers will be abolished; these placements will still be provided for students who need them, but more thought will be given to how these settings can be made less restrictive;

3. Mainstreaming also means not removing students from the regular program unless it is absolutely necessary;
4. The application of the mainstreaming concept to more severely handicapped students is relatively new;
5. Students can be "mainstreamed" for a major part of the school day, or only for certain activities such as P.E., music, lunch--depending on the student's skills and learning needs;
6. Integrated school settings allow the exceptional child to be a part of the real world; to learn to accept limitations; to observe and model appropriate behavior; to become more socially accepted by other children and adults;
7. Mainstreaming is most successful when the child, the parents, the teacher, and the class are prepared in advance.

Remember, all placement recommendations for your child are made on the basis of assessment information, and your child's participation in special education programs occurs only when you have given written consent.

Excerpted from: Directions I, A Guidebook for Families, Western Los Angeles Direction Service, A Project of the University of Southern California, sponsored by the Bureau of Education for the Handicapped, Washington, D.C. April, 1978.

QUESTIONS TO ASK WHEN DETERMINING THE MOST APPROPRIATE LEAST RESTRICTIVE ENVIRONMENT FOR A STUDENT

How well does your placement decision balance? The following are a few questions you may want to ask before deciding where to place a student.

GENERAL QUESTIONS

1. Does the student's (a) behavior, (b) academic need, (c) physical status preclude grouping with non-handicapped individuals?
2. What kind of classroom structure does the student respond to best?
3. What kind of physical support system does the student need?
4. Are the room and building accessible to the student?
5. If the student cannot be grouped with non-handicapped peers now, what is being planned to insure that this will be possible in the future?
6. What previous attempts have been made to place this student in a least restrictive environment? What information did you gain from that experience that will aid you in planning for the student's next placement?

SPECIFIC QUESTIONS

1. Does the student possess the communication skills (verbal and non-verbal) to participate in the educational program under consideration?
2. Is the student's emotional development comparable to others in the class?
3. Is the student's social development comparable to others in the class?
4. Is the student academically compatible with others in the class in some subject?
5. Is the student motivated and interested in participating in the receiving classroom?
6. Is the student's age and physical size compatible with others in the class?
7. How large is the receiving class?

8. How does the potential receiving teacher feel about working with a student with this kind of handicap?

9. What are the receiving teacher's skills in working with the handicapped?

10. Does the receiving teacher use a teaching style that is compatible with the student's learning style?

POSSIBLE AGENDA FOR AN IEP/PLACEMENT MEETING

1. Introduction of committee members - (chairperson)
2. Explanation of purpose of meeting - (chairperson)
3. Accuracy check of information - name, address, birthdate, etc. - (chairperson)
4. Summary of student's history - (student, parent(s) and/or referring person)
    - a. Why the student was referred.
    - b. School services student is now receiving.
    - c. Special health problems.
    - d. Other agencies student has been referred to.
5. If appropriate, summary of student's developmental history - (parent(s) and/or appropriate committee member)
6. Summary of evaluation results (psychologists, classroom teachers, special educators and/or others)
    - a. What the test results indicate the student can and can't do.
7. Development of the IEP - (total committee)
    - a. Current levels of educational performance
    - b. Goals of:
        - 1) student
        - 2) parent
        - 3) others
    - c. Objectives and evaluation procedures
    - d. Extent of participation in regular programs
    - e. Dates of initiation and duration of service to be provided (indicate the anticipated length of time in proposed program)
    - f. Related services needed
    - g. Assignment of who is responsible to implement and monitor certain parts of the plan.
8. Recommended placement
9. Assignment of case manager - (chairperson)

10. Signing of IEP and placement forms and other forms, if necessary - (committee)

11. Adjournment - (chairperson)

Adapted from Considerations Involving The Multidisciplinary Team, Dr. Tim Crowner, Kalamazoo Public Schools, Kalamazoo, Michigan, 1979.

PURPOSE OF P.L. 94-142

It is the purpose of this Act to assure that all handicapped children have available to them, within the time periods specified, a free appropriate public education which emphasizes special education and related services designed to meet their unique needs.

(Public Law 94-142, 1975, Sec. 3, c)

MAJOR FEATURES OF P.L. 94-142

- Protective Safeguards
- Least Restrictive Environment
- Individualized Educational Plan

STATEMENT OF SECTION 504

No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

WHAT P.L. 94-142 SAYS ABOUT LRE

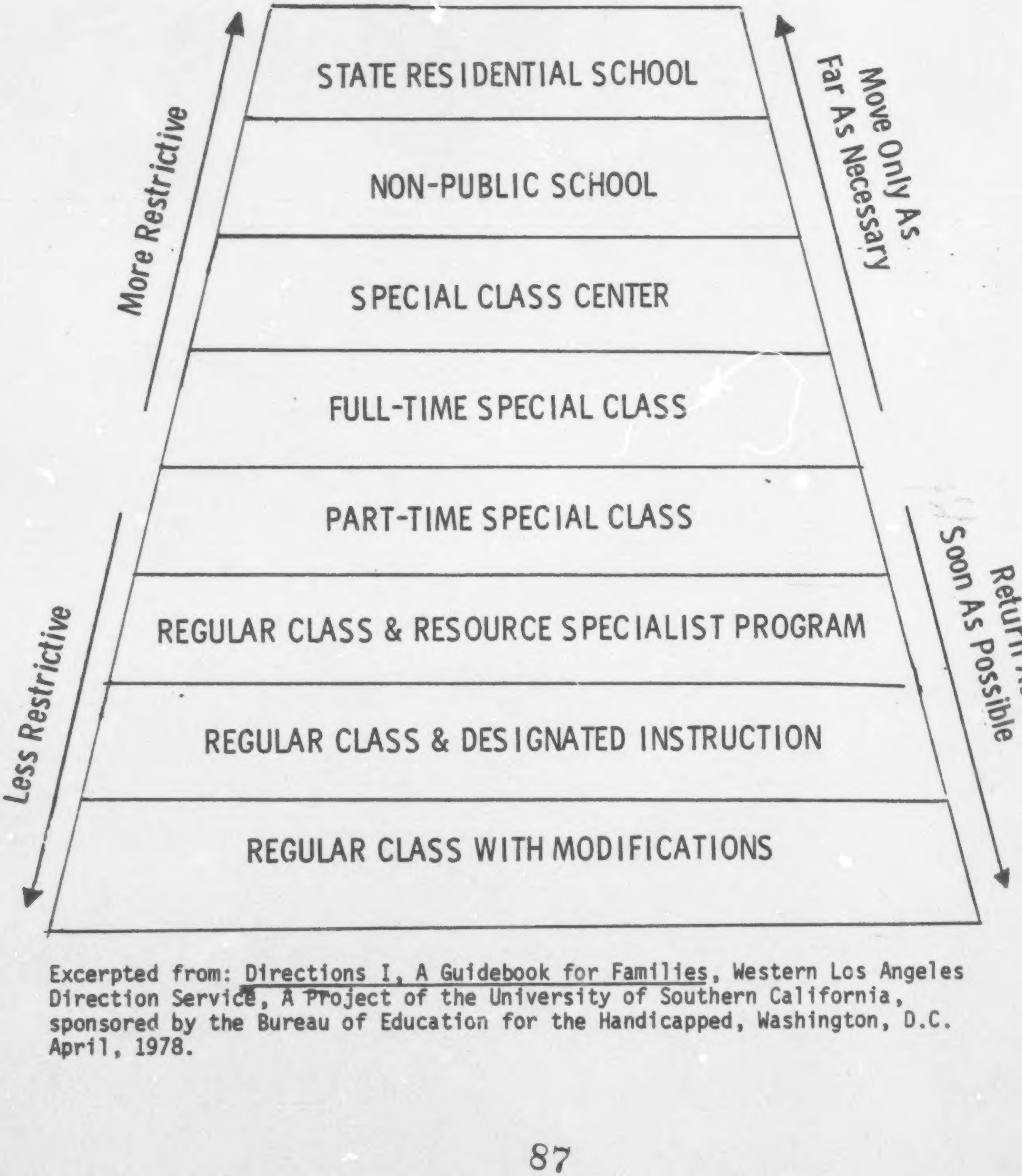
Public Law 94-142 states:

> That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped,
>
> and
>
> that special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids cannot be achieved satisfactorily.

COMPONENTS OF LRE

- handicapped educated in an environment most like a general education classroom environment as possible
- educating children rather than categories
- providing alternatives in services
- providing support services
- providing direct services

PROGRAM OPTIONS



More Restrictive

Move Only As Far As Necessary

STATE RESIDENTIAL SCHOOL

NON-PUBLIC SCHOOL

SPECIAL CLASS CENTER

FULL-TIME SPECIAL CLASS

PART-TIME SPECIAL CLASS

REGULAR CLASS & RESOURCE SPECIALIST PROGRAM

REGULAR CLASS & DESIGNATED INSTRUCTION

REGULAR CLASS WITH MODIFICATIONS

Less Restrictive

Return As Soon As Possible

Excerpted from: Directions I, A Guidebook for Families, Western Los Angeles Direction Service, A Project of the University of Southern California, sponsored by the Bureau of Education for the Handicapped, Washington, D.C. April, 1978.

LRE is:

1. Educating the handicapped with the non-handicapped to the maximum extent appropriate.

2. Making decisions as to what the best LRE is for a student based on his/her individual reeds.

3. A concept that is managed through the IEP.

LRE is not:

1. A provision for wholesale mainstreaming.

2. A mandate for educating all students in the regular classroom.

3. Abolishing any particular educational environment, such as an institution.

ACTIVITY 2: "P.L. 94-142: A Free Appropriate Public Education for Handicapped Children"

Purpose:	To provide information to parents and educators about P.L. 94-142.
Audience:	Parents and/or educators.
Time Required:	Thirty minutes.
Materials:	Filmstrip projector Screen Handouts from Activity 1 Filmstrip: "P.L. 94-142: A Free Appropriate Public Education for Handicapped Children" available from: Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091 Note: This filmstrip is available from the Arkansas Department of Education, Special Education Services

Procedure:

A. Before the Activity

1. Preview the filmstrip in order to be familiar with the content.
2. Review handouts from Activity 1 and duplicate any you would like to use as a follow-up to the filmstrip.

B. Implementing the Activity

1. Show the filmstrip.
2. Encourage questions and comments from the participants.

ACTIVITY 3: Check Yourself

Purpose:	To provide parents and educators an opportunity to check their knowledge of P.L. 94-142.
Audience:	Parents and/or educators.
Time Required:	Fifteen minutes.
Materials:	Handout 1

Procedure:

A. Before the Activity

1. Review Handout 1 and familiarize yourself with the questions and responses.
2. Duplicate the handout.
3. Be sure participants have had Activity 1 or 2 or have the level of background knowledge of P.L. 94-142 to complete this activity.

B. Implementing the Activity

1. State that participants will have an opportunity to check their knowledge of P.L. 94-142 through the use of a self-checking questionnaire.
2. Pass out Handout 1 and direct participants to complete it alone or with a partner. Also, tell them to check their own answers when they finish.
3. Conclude by encouraging questions from the participants. Explain each item if necessary.

CHECK YOURSELF

____1. PL 94-142 provides for education of handicapped children:

- a. in regular classes, for the most part
- b. in special classes or resource rooms
- c. in a variety of settings, to the extent appropriate for each individual child
- d. in private schools, at parents' expense

____2. Section 504 and PL 94-142:

- a. are part of the same legislation
- b. are both considered "bills of rights" for the handicapped
- c. do not affect anyone except handicapped persons
- d. none of the above

____3. The IEP is:

- a. the means through which the goal of PL 94-142 is to be met
- b. a statement of the handicapped child's program developed by the school
- c. an evaluation
- d. a law about education of the handicapped

____4. Some of the major features of PL 94-142 are:

- a. free appropriate public education
- b. individualized education programming (IEP)
- c. least restrictive environment
- d. all of the above

____5. LRE is:

- a. educating the handicapped with the non-handicapped to the maximum extent appropriate
- b. a provision for wholesale mainstreaming
- c. a mandate for educating all students in the regular classroom
- d. abolishing institutions and state facilities

_____6. Some classroom teachers worry about the effects of this legislation because:

- a. there is so little time to do already existing tasks
- b. training will be necessary to do a competent job
- c. some handicapped children will not work at the same rate as other children
- d. many changes in roles, responsibilities, and attitudes will be required to insure success
- e. all of the above

TRUE - FALSE

_____7. P.L. 94-142 regulations state that teachers will be held accountable for good faith efforts to assist the child reach his/her objectives.

_____8. All academic areas must be covered by the IEP, according to P.L. 94-142.

_____9. P.L.94-142 requires school districts to provide professional and support personnel with inservice training in special education.

_____10. Every handicapped child must be educated with a nonhandicapped child.

ANSWERS: c, b, a, d, a, e, T, F, T, F

Adapted from: ACTIONS: Assisting Classroom Teachers with Information and Opportunities for New Skills, by Mary Mall and Roger Perkins, California Regional Resource Center, Los Angeles, California, 1979.

ACTIVITY 4: Problem Solving

Purpose: To provide parents and educators with the opportunity to apply knowledge of P.L. 94-142 to problem situations.

Audience: Parents and/or educators.

Time Required: Thirty minutes.

Materials:

Handouts 1 - 4
Newsprint
Markers
Tape

Procedure:

A. Before the Activity

1. Duplicate the handouts.
2. Be sure participants have had Activity 1 or 2 or have the level of background knowledge of P.L. 94-142 to complete this activity.

B. Implementing the Activity

1. Divide participants into groups of 5 or 6. Encourage them to form groups such that all parents are not together.
2. State that participants will have the opportunity to develop solutions to problems using the information they have acquired about P.L. 94-142.
3. Tell participants that each group will receive a problem. The group needs to designate a recorder to write responses of the group on newsprint. Tell the group they will be allowed ten minutes to list solutions to the problem.

4. At the end of ten minutes call time and ask the group to post their solutions. Ask each group to select a reporter. Allow 15 minutes for the groups to share their solutions.

5. Tell participants that you are going to provide them with some previous participant responses and distribute Handout 2.

6. Conclude with questions.

Note: All groups may use Problem 1, or you may also use Problem 2 so that all groups do not have the same problem.

Problem 1

As soon as you get home from school one day, you receive a phone call from your neighbor, Sally Sweet. Sally's daughter Cindy, who had been in the EMR program in elementary school, was scheduled to enter junior high. When Mrs. Sweet and Cindy went to register, however, the principal explained that because they had no special education programs for EMR's at their school, Mrs. Sweet would have to register Cindy in another junior high at the far end of town. Sally asks you for advice on what her rights are and whom she should ask for help.

What do you say?

Adapted from: ACTIONS: Assisting Classroom Teachers with Information and Opportunities for New Skills, by Mary Male and Roger Perkins, California Regional Resource Center, Los Angeles, California, 1979.

Answer 1

1. Ask Sally if she is familiar with P.L. 94-142. If she is, then she may only need to know who to talk to at the local school district (special education director, program specialist, parent advisory committee member).
2. If she is not, tell her how she can get a copy of the law, and help her become familiar with it.
3. Support Sally in seeking out information and getting involved with the school. Assure her that if a program in another school is the most appropriate decision (and Sally has a right to participate in that decision-making process), then the district must provide transportation.
4. Your solution, if you feel it's better than 1 and 2, or additional ideas.

Problem 2

A parent draws you aside after coming to pick up his children from school and points out a student in your class who is being mainstreamed. He says he understands that there's a new law which is forcing teachers to take those kids into their classes, and he doesn't like it one bit. He asks how you feel. What would you say?

Answer 2

1. Your "feelings" may include the desire to provide the best, most appropriate educational opportunity for handicapped children, who are entitled by law to equal educational opportunity. You may want to discuss the conditions under which the special education student(s) in your class were placed there and the support services you receive. If there have been problems and you have solved them, you may want to share those solutions. If there have been unexpected benefits, you may want to share those, too.

2. This parent may be more interested in telling you how he feels, so you may want to use active listening techniques to reflect this parent's concerns back to him, drawing out his fears and uncertainties. By asking questions and being a good listener without taking sides, you may help this parent and prevent future hostility.

3. Prepare a fact sheet which contains basic information on the laws discussed in the workshop. When parents or professionals who have partial or incorrect information ask questions, you can refer to points on the sheet and let them take the facts with them.

4. Your solution, if you feel it's better than 1 - 3, or additional ideas.

SECTION 3

Who Are the Handicapped?

Objective: To inform parents and educators about handicapping conditions and their characteristics.

Contents: Page

Activity 1: "Who Are the Handicapped" lecturette........................ 85

Activity 2: What It's Like to Be Handicapped..110

Activity 3: "The Functioning of Handicapped Individuals In Everyday Activities".......................123

Activity 4: Panel Presentation................126

ACTIVITY 1: "Who Are the Handicapped?"

Purpose: To provide information about characteristics of handicapping conditions.

To provide information about implications for instruction.

Audience: Educators.

Time Required: Thirty to forty-five minutes.

Materials:

Lecture notes
Overhead screen
Handouts 1 and 2
Transparency pen
Blank transparencies

Procedures:

A. Before the Activity

1. Develop a presentation from the lecture outline "Who Are the Handicapped?"
2. Duplicate the handouts.

B. During the Activity

1. Record information about each handicapping condition on a blank transparency. You may wish to use an outline such as the following:

Seriously Emotionally Disturbed

Intellectual:

Academic:

Behavioral:

Physical:

2. Distribute Handout 1 which contains the definition of disabilities found in the Federal Regulations.

3. Following the lecture, distribute Handout 2 and allow participants two - three minutes to read.
4. Conclude with questions and comments about the article.

Note: This activity may be used with parents, but would need to be adapted first. For example Handout 1 may not be appropriate for parents.

LECTURE OUTLINE: Who Are The Handicapped?

1. Provide an introduction defining "handicapped."

   A. Until the beginning of the Twentieth Century, little attempt was made to accommodate children with special needs. Recently, programs have been developed to provide the appropriate teaching methods, materials, and classrooms to help handicapped children develop their fullest potential in a setting that is most like the "regular" classroom.

   B. Who are these "handicapped" children?

      1. First handicapped children are very similar to other children. They differ because they require services, instructional materials, teaching methods or facilities which are unique because of their special needs.
      2. Being handicapped does not imply a physical handicap.
         a. When asked the question, "Who are the handicapped?" one group answered, "Children in wheelchairs."
         b. Handicapped is an all-inclusive term which may refer to children who are mentally retarded, hard of hearing, deaf, speech impaired, visually

Adapted from: Meeting the Least Restrictive Environment Challenge: Preliminary Considerations for Educators, Karen Ford and Lloyd Stjernberg and the Midwest Regional Resource Center, Des Moines, Iowa, 1979.

handicapped, seriously emotionally disturbed, orthopedically impaired, other health-impaired, deaf-blind, multi-handicapped, or have specific learning disabilities and who, because of these impairments, need special education and related services.

3. A child may be handicapped in one or several of these areas. The severity of the child's disability, as well as the number of disabilities, will dictate the amount of time a child will require special help and to what extent materials and curriculum will need to be modified.
4. The Federal Rules and Regulations of Public Law 94-142 contain the specific definition for each disability. Each State Law for the Handicapped also contains definitions pertinent to the state.
(DISTRIBUTE HAND-OUTS OF EITHER OR BOTH THE FEDERAL RULES AND REGULATIONS SECTION 121.a.5 AND THE STATE LAW, IF REQUESTED. SEE HANDOUT 1.)

II. Briefly describe each handicapping condition.
(STATE THAT ALL THE CHARACTERISTICS DESCRIBING EACH CONDITION WILL NOT BE FOUND IN EVERY CHILD THOUGHT TO HAVE THAT HANDICAP.)
(ALSO STATE THAT YOU ARE ABOUT TO LIST SOME CHARACTERISTICS OF

EACH CONDITION: THEY WILL BE DIVIDED INTO THE AREAS OF INTELLECTUAL, ACADEMIC, BEHAVIORAL, AND PHYSICAL PERFORMANCE.)

(RECORD INFORMATION ON A BLANK TRANSPARENCY)

A. Mentally Retarded

  1. Intellectual

    a. Below average intellectual ability; on both verbal and non-verbal intelligence tests the child performs poorly.

    b. On adaptive behavior scales which determine how well a student gets along in "everyday" life, the child also performs poorly. These scales measure the child's ability to carry out responsibilities in daily living such as going to the grocery store, making change, playing with other children in the neighborhood without getting lost, etc.

    c. A child who is labelled mentally retarded should be able to learn a lot of things the "normal" child does; it will usually take longer and more practice is involved in learning a particular skill.

  2. Academic

    a. The child performs below average in reading, math, spelling, and other subject areas.

b. The child does not learn just from one experience.

    1) A great deal of drill and repetition is necessary for the student to learn.

        Example: A child, labelled mentally retarded, is trying to learn multiplication facts. He/she may eventually know the facts, but it will be after repeated practice with flashcards, tapes, time tests, games, etc.

c. The child has more difficulty with activities which require reading and listening, following complicated directions, and problem-solving.

    1) An example is that it's very helpful for the mentally retarded child to have real objects when learning new words. These the child can easily identify with. Also, simple directions involving few steps are easier and the child is more likely to carry them out.

d. The child needs more review than other students.

    1) The mentally retarded child has a tendency to perform better if someone, like a teacher, monitors the student's work. Rather than waiting until an assignment is completed, the teacher will check periodically while the child is working and will be sure the child is completing the assignment correctly.

e. The child needs to work in a classroom which is free from distractions and interruptions.

   1) The child will work best in an area where he/she won't be distracted by others talking loudly or where there is a great deal of activity which can interest him/her visually. The child will concentrate best in a room where there are fewer posters, bulletin boards, materials, and other children moving about.

f. Because of the difficulty in these areas, a child who is mentally handicapped has trouble with school work and dealing with day-to-day situations.

   1) There are certain jobs, daily tasks, and social situations which the child can handle well. A child might function below average in school, but still hold a job and be self-supporting.

   2) An example would be a child may have below average skills in reading, but may be able to work at a car wash, grocery store etc.

3. Behavioral

   a. The mentally retarded child has problems in understanding how to respond in certain social situations which may result in the child demonstrating inappropriate behaviors.

1) A child might be taught five questions to ask a person when starting a conversation, but the child may not realize that he/she doesn't continue to ask these five questions again and again of the same person. The child needs to be taught this behavior.

2) Think of what it would be like to be in a strange country where you aren't familiar with the customs.

a) You could easily make the same mistake in a Middle Eastern country by complimenting a woman on her attractive hair which would be highly improper and offensive because of the culture.

b) In other words, a mentally retarded child has difficulty knowing what to do in social situations unless he/she is taught how to act.

b. The mentally retarded child may have a poor self-concept.

1) This results from the child's inability to do things which they see "normal" children doing and from making mistakes and feeling inadequate in social situations.

c. The mentally retarded child has difficulty in adapting to new experiences and solving problems.

d. Often these children have a short attention span;

they are not able to concentrate on any task for long periods of time.

4. Physical
    a. Physical development often proceeds at a slower rate; therefore, physical development may continue for a longer period of time.

B. Seriously Emotionally Disturbed

1. Intellectual
    a. Intellectual ability is not a characteristic which is a strong indicator that a problem exists.
        1) Emotionally disabled children may vary in intellectual ability from low to high.
2. Academic
    a. The emotionally disturbed child is one who is not performing at his ability level.
        1) This child is one whom the teacher describes as, "He/she has the ability to do the work, but he/she is so preoccupied with other things that he/she is not completing."
    b. The emotionally disturbed child has a short attention span; consequently, he/she has difficulty listening to the teacher's directions or instructions.

3. Behavioral
    a. Moods range from being very depressed or withdrawn to being very excited, happy, and cooperative.
    b. This child may often complain of feeling uneasy or anxious for no particular reason.
    c. The child has problems getting along with friends and teachers and/or adults. The child may frequently be in "trouble" at school for fighting on the playground, or at home because he/she cannot play quietly with other children.
    d. Sometimes the emotionally disturbed child is implusive and overactive. One can see no reason why suddenly the child turns a somersault in the classroom!
4. Physical
    a. The child may complain of pain or discomfort which has no physical basis.
    b. The child may exhibit repeated behaviors, such as nail biting, rocking, scratching, poking, scribbling.

C. Visually handicapped
1. Intellectual
    a. When an intelligence test that is designed for the visually handicapped is used, it will show approximately the same results as that of a sighted person.

2. Academic

   a. The visually handicapped function relatively normally or may function about one year below grade-age level.

      1) Few changes need to be made in the school curriculum, but special materials may need to be obtained or developed. An example would be where a teacher requests that reading books be replaced with those that have larger, darker print or those in Braille.

3. Behavioral

   a. The visually impaired child may exhibit a poor self-concept.

4. Physical

   a. Because of the visual impairment, the child may have difficulty with running and athletics in general. But, because of the handicap, a child should not be excluded from physical education.

D. Speech Impaired

1. Intellectual

   a. The range of intellectual functioning is the same as a non-handicapped child.

      1) This child may use "baby talk" or not be able

to make some sounds.

2) This child may not be able to form plurals or past tenses of words.
3) The child may have a more limited vocabulary.

2. Academic
   a. The speech impairments affects the child's ability to participate in class discussions, respond to oral questions or give oral book reports.
   b. The child may perform below average in reading and language arts because oral language fluency is so related to reading and writing.
3. Behavioral
   a. Often this child has difficulty understanding what is said to him/her.
4. Physical
   a. In appearance there is no difference unless the child has a deformity, such as a cleft palate.
   b. The child's physical abilities may be a strength speech/language does not affect their performance.

(AGAIN REMIND THE PARTICIPANTS THAT THESE CHARACTERISTICS ARE JUST SEVERAL WHICH MAY DESCRIBE A CONDITION. ALSO, NOT ALL CHILDREN WILL DEMONSTRATE ALL CHARACTERISTICS.)

E. Hearing Handicapped. This includes deaf and hearing impaired.

1. Intellectual
    a. If an intelligence test designed for the hearing impaired is given, the range will be the same as that of a "normal" child.
2. Academic
    a. How well the child performs academically depends on:
        1) Age at which the hearing impairment occurred.
        2) Degree of loss.
        3) Nature of loss.
            a) Is it in the range of the "normal" speaking voice or only at the upper and lower ranges?
    b. Problems may occur in reading, spelling, and other oral language related areas.
    c. The child learns best when instruction is presented visually and concrete or "real" materials are used.
3. Behavioral
    a. Frequently a hearing impaired child will respond to questions by either smiling, nodding, or saying "yes", even in situations where the child lacks understanding of what is being said.

b. Errors in speaking may occur where the child drops the "s" from the endings of words, i.e. the child may say "the boy hat" for the boy's hat."

c. Often the child speaks too loudly.

d. The child with a hearing impairment may appear to not be listening or understanding the teacher's directions.

  1) In this situation, the teacher may need to remind the child to look at the teacher when oral instructions are given.

e. Often this child may be annoyed by the inconvenience of a hearing aide. Sometimes, it may be set for sounds at the noise level of recess when children are louder and noisier. Then the child will need to adjust the setting for the classroom where it is quieter.

4. Physical

  a. The child may have a history of frequent earaches, ear discharge, or clogged nasal passages, resulting in mouth breathing.

F. Specific Learning Disability

  1. Intellectual

    a. There is a difference in the child's ability and how he/she performs in the classroom.

1) The intelligence is normal or above normal, but the child performs two or three years below grade level. An example would be a child with average ability and in the fifth grade, but he/she reads on the third grade level.

2) The problem is caused by a disturbance in some basic thinking process.

    a) The problem is not caused by mental retardation, blindness, environmental deprivation, etc. The child's hearing and vision may be normal, but the child is perceiving things differently. The child may easily mistake "b" for "d", and read the word "won" as "now."

2. Academic

    a. The child with a learning disability does not perform "up to" his/her ability in all academic areas.

    b. These children often show a pattern of strengths and weaknesses.

        1) They may do well in some academic subjects but not in others. Frequently, a child may be performing on grade level in math, but encounters great difficulty in handwriting, reading, and spelling.

        2) This child is quite different from a mentally

handicapped student whose performance is below average in all subjects.

c. Another characteristic is that one day the child may recognize a word, know the multiplication facts for 3's, and the next day, he/she doesn't. Performance is inconsistent.

e. The child with a learning disability has difficulty understanding and following directions.

   1) This will certainly affect their ability to complete classroom assignments.

f. This child also has difficulty with time concepts.

   1) We are accustomed to a particular routine and can easily estimate the time of day and will know the day of the week. These concepts may be very confusing for a child with a learning disability.

g. This child needs to concentrate on learning the basic skills or needs to learn how to compensate for the lack of these skills.

3. Behavioral

   a. Hyperactivity

      1) At the elementary level, the child may be in constant motion, moving in and out of the chair, kicking legs and feet, walking to and

from the pencil sharpener, moving from one activity to another.

    2) As the child grows older, this hyperactivity seems to decrease. The movement may change to more subtle things, such as finger tapping, object tapping, blinking, etc.

b. The child with a learning disability usually has a short attention span; he/she is unable to concentrate on anything very long.

    1) Therefore, it is difficult for the child to cope with long class periods and lectures.
    2) He/she will be easily distracted by noise.
        a) It is hard to concentrate on homework in study halls or at home.

c. This child has trouble with unsupervised and unstructured time.

    1) It is very helpful for a teacher to do the same things consistently with the child; to list the tasks to be completed and to check with the child frequently to be certain he/she is on target is reassuring to this child.

d. The child with a learning disability may be easily upset, nervous and may rapidly change from one mood to another.

e. Organization is a real problem. Desks may be messy; setting up a paper is a real feat; keeping a notebook neat is a chore. Just getting ready for school may be a major accomplishment!

f. The child may have negative or poor feelings about himself and may not feel motivated to complete work.

4. Physical

   a. General coordination for a learning disabled child may be poor.

      1) An awkwardness is evident in skipping, climbing or running.

      2) Fine motor skills, such as writing, typing, mechanical drawing, shop, etc, are affected.

III. Provide conclusion.

A. A number of handicapping conditions have been described.

   1. Actually a handicap is the result of a disability a child may have.

   2. A child may have a disability but whether or not he grows up to be handicapped depends on how the child's family, neighbors, and teachers regard him and treat him.

   3. We need to remember that no matter what disability(ies) the child might have, he/she must be taught and encouraged to become as self-sufficient and independent as possible.

Handout 1

Sec. 121a.5 Handicapped Children

(a) As used in this part, the term "handicapped children" means those children evaluated in accordance with SS 121a.530-121a.534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of those impairments need special education and related services.

(b) The terms used in this definition are defined as follows:

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Hard of hearing" means a hearing impairment, whether permanent of fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(4) "Mentally retarded" means significantly sub-average general intellectual functioning existing concurrently which deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

(6) Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), and impairments from other causes (e.g., cerebral palsy, amputation, and fractures or burns which cause contractures).

(7) "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, asthma,

sickle cell anemia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression;

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(9) "Specific learning disability" means a disorder in one or more of the basis psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, or of environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children. (20 U.S.C. 140 (1). (15).

From the Federal Register, Vol. 42, No. 163, Tuesday, August 23, 1977

REPRINTED FROM: Palm Beach Times

ATHLETE DOESN'T LET BLINDNESS STOP HER

By: Barry Vorse
Times Sports Writer

PLANTATION -- Sheila Holzworth will not tolerate losing.

She abhors the thought. She associates with people who share her burning desire to perform their very best.

Whether she is running the 100-meter dash for her high school track team, riding her horse or water skiing, she lets nothing prevent her from going all out.

Not even blindness.

"If I lose a race, my parents don't want to be around me," the 17-year-old Des Moines, Iowa, high school senior said Tuesday. "They go hide because they know me. I am miserable to be around when I lose."

While she may be irritable after being beaten, most people find Sheila outgoing and friendly. Included in that group are the employees of Motorola here who presented her with a paging device she will use to perfect her running.

Sheila became an overnight celebrity after a recent television network news program ended its show with film of Sheila winning a race for Dowling High School. She was guided by a radio device and instructions from her coach. In the film, the device failed and she ran into a fence. Motorola's pager will withstand the shock of running and is much lighter.

Despite an outstanding time of 12.8 seconds, she was not allowed to compete in the state's championship meet.

"The other coaches protested," Sheila said. "They thought I was actually being zapped to go faster like with a cattle prod.

This new one will be a lot better. I think all that stuff from before is over. I think they'll start treating me like normal."

Normal is a word which is difficult to use in reference to Sheila. She was blinded seven years ago in a freakish accident. While eating dinner with her parents and four brothers and one sister, a protruding wire orthodonic device connected to her braces snapped and recoiled into her eyes leaving her with no sight.

Thanks to her gritty personality and a family which wouldn't stand for sulking from anyone, Sheila has made her life as "normal" as possible. Besides her athletic activities, she attends the largest high school in Iowa, (enrollment, 1,730) she helps train vizsla dogs and rides a bicycle.

"If it wasn't for my family, I'd probably do nothing," Sheila said. "Our whole vacation is active. I'm rarely indoors. In the winter time we have snowmobiles and sleighs. If I didn't get out and participate, they'd just leave me home and I can't stand to stay in my room."

Sheila, her brothers, sister and parents, Dr. Paul and Mrs. Paul Holzworth, live outside Des Moines. Her family was excited about her television appearance.

"I am glad I was on television," Sheila said. "Maybe parents of blind kids can realize what blind people can do. I am just being me and that is what other blind people need to do".

"Another thing I liked about the TV program was that I was the first. There has never been a blind runner on TV before. I hope they put my name in the Guinness Book of World Records".

"I'd like to see more blind runners. Maybe some more will come from this. But just so I would be better than they are, I'd hate to be the first blind runner and then lose to another one. I won most of my races this year. I can't stand losing."

Even a winning athlete must spend some time indoors. Sheila says you are apt to find her in the kitchen.

"I love to cook. I cook roasts and main dishes but desserts are my favorites. I make french pastries and stuff like that. I make all that good, fattening stuff. Lucky for me that I burn it all off because I like to eat it too."

In the Holzworth home, Sheila is just one of the kids. The attitude has become the same at Dowling High.

"I don't even use my cane anymore," Sheila said. "I only need it for defense really. The teachers make me use it. I know the school like I do my own room".

"The kids tease me. Sometimes they trip me or take my cane. I'm just one of the students at school. I want to go to college too and major in psychology or be a track coach."

Ever looking for new endeavors, Sheila will turn to distance running in November when she will lead a six-mile run for Easter Seals in Phoenix.

"That run should be interesting because I'm not really a distance runner. I'm going to run with my best friend and follow her footsteps. I'll have to start training because I'm just not used to running that far".

"I don't think I'd ever switch to distance, even if they would let me. The sprint is for me. I get so hyper before a race that I have to have that sudden burst of speed to release the tension. I usually cry before a race. My mom says I'm just that way."

After her visit here, Sheila was off to New York for similar appearances. She'll return to Des Moines Friday.

"I have to get back home and do some skiing before it turns cold," She said. "Our family is so competitive. You aren't nothing in our family, if you can't ski on one foot."

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ACTIVITY II: What It's Like To Be Handicapped.

Purpose: To provide participants with the opportunity to experience how it might feel to have a specific handicap.

Audience: Parents and educators.

Time Required: Thirty minutes.

Materials:

Directions for Centers 1 - 5.
Materials listed for each center.
Prizes for participants.
Handouts 1 - 5.

Procedures:

A. Before the Activity

1. Duplicate the directions and handouts.

2. Set up the centers.

B. Implementing the Activity

1. Divide the participants into five small groups. Each group is assigned to one of five areas of the room where they will participate in one of the activities.

2. Allow fifteen minutes for each group to complete the activity at their "center." Directions and materials will be at each center for the participants. Encourage participants to take their tasks seriously in order to understand the handicapping condition.

3. After fifteen minutes bring all five groups together to discuss the feelings they had about their specific handicap. These questions may help to stimulate discussion.

    a) Group #1, describe the activity and the feelings you had as the blind person and as the guide.

b) Group #2, describe the activity and how it felt to be deaf or hard-of-hearing. Did the activities in the room distract you from concentrating on the filmstrip?

c) Group #3, what did you do in your center?

   What handicap do you think was illustrated (how it might feel to be mentally retarded and not understand the instructions)? What classroom activity does this relate to?
   (ABSTRACT CONCEPTS ON READING WORKSHEETS.)

d) Group #4, describe your task?

   Tell the large group what feelings you experienced in completing the activity. The feelings you experienced would be similar to those of a child with what kind of problem? (a specific learning disability in reading)

e) Group #5, describe your task. How did you feel trying to complete?

4. Summarize these activities.

   These activities, hopefully, gave you insight as to how it might feel to be a child with a specific learning problem. By participating in these activities you may have a better understanding why children behave and respond as they do, given a particular handicapping condition.

Center #1

Materials needed:

- 1 blindfold per two participants
- 1 wrapped package per two participants
- 1 cup per two participants
- 1 set of directions per two participants

Directions:

1. An even number of participants is needed in this group.

2. Pair off.

3. In each pair, one participant will "play" a person who is blind, and the other will be a guide. Decide which part each person will play.

4. The guide should blindfold the other participant.

5. Each pair should do the following:

    a. The blind person goes with the sighted guide to wash hands.

    b. At the "center," the guide gives the blind person a package to unwrap and assists verbally.

    c. The guide and blind person take a cup to get a glass of water.

    d. The blind person drinks the water at the "center."

    e. The blind person goes with the guide to throw away the cup.

6. When each pair has completed each of these tasks, you should discuss these questions:

    a. How did it feel to be the blind person?

        1) How did it feel to be dependent on the guide to assist you?

    b. How did it feel to be the guide?

        1) How did you instill confidence and try to make the blind person trust you?

7. Return to the large group.

Center #2

Materials needed:

1 filmstrip projector
1 filmstrip that has an audio track
1 screen
1 set of directions per participant

Directions:

1. A participant volunteer to run the projector.

2. Turn on the projector, but DO NOT turn on the sound.

3. Watch the filmstrip without the sound.

4. After 3 minutes, turn up the sound so it barely can be heard.

5. Discuss how it felt to watch the filmstrip without sound and with little sound.

   a. How did it feel not hearing any sound?

   b. How did it feel when you strained yourself to hear the sound.

   c. Did other noise or activity in the room distract you?

Center #3

Materials needed:

1 Word Salad Activity(Handout 1) per participant
1 set of directions per participant
1 answer sheet for Word Salad Activity (Handout 2) per participant
1 pencil/pen per participant
Prizes for those participants who answer fifteen items correctly in the first five minutes

Directions:

1. Each participant should have one Word Salad Activity sheet and and a pen/pencil.
2. Take five minutes to complete the worksheet. Do not talk!
    a. If you can get fifteen items correct in five minutes, you will win a prize!
    b. After five minutes, read step number 3.
3. To help you complete the worksheet, do the following:
    a. Write a familiar word or phrase by the number under each picture which would describe the picture. Number 1 is "sandbox."
    b. Many of the words or phrases contain prepositions, such as "over," "under," "up," and "down."
    c. Finish the worksheet in the next five minutes.
    d. Get an answer sheet to check answers.
4. Take five minutes to discuss:
    a. How it felt to be handed a worksheet without any directions.
    b. How it felt to try to complete the worksheet in a specified time.
    c. How it felt to complete the worksheet after Step 3 was read.

  d. How it felt knowing you could win a prize and didn't.

  e. How it felt checking your answers.

5. Return to the large group.

Center #4

Materials:

1 Reading Activity Sheet (Handout 3) per participant
1 pen/pencil per participant
1 Answer Sheet for Reading Activity (Handout 4) per participant
1 set of directions per participant

Directions:

1. Each participant needs one Reading Activity Sheet and a pen or pencil.
2. Take ten minutes to complete the worksheet. Do not talk in your group. Complete the worksheet independently.
3. Each participant needs one Answer Sheet. Take a minute to check your answers.
4. In the last four minutes, discuss the following:
    a. How did it feel when you tried to read the worksheet?
    b. How did it feel when you saw others complete the worksheet before you did?

Center #5

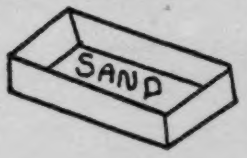
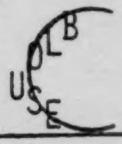
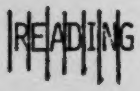
Materials Needed:

1 Star Sheet (Handout 5) per participant
1 8½" wide mirror per participant
1 pen/pencil per participant
1 set of directions per participant
Prizes for participants who complete the task accurately in three minutes (an apple, candy bar, pen, or any gimmick you think appropriate).

Directions:

1. Each participant needs one Star Sheet, one mirror, and a pen/pencil.
2. Prop the mirror at the top of the Star Sheet so you can see the star image in the mirror.
3. Looking in the mirror, with your pen/pencil, start at "O" on the Star and draw a line between the dark lines of the Star all the way around the Star. DO NOT look at your paper! Look in the mirror to complete the task.
4. Anyone who is able to stay in the track without going out of the lines and completes the task in three minutes gets a prize.
5. After everyone is finished, discuss the following:
    a. How did it feel to try to stay in the "track?"
    b. How did it feel when someone completed the task before you did?
6. Return to the large group.

WORD SALAD ACTIVITY

	LEV EL	MIND MATTER	T O W N
1.	2.	3.	4.
i i i 0 0 0	STAND I	CHAIR	WEAR LONG
5.	6.	7.	8.
ECNALG	GROUND FEET FEET FEET FEET FEET FEET		DEATH LIFE
9.	10.	11.	12.
DICE DICE	KNEE LIGHT ,	HE'S/HIMSELF	O O
13.	14.	15.	16.
YOU J ME U S T	R ROAD A D	PROFILE	H C U O T
17.	18.	19.	20.
GI'S C C C C		MAN BOARD	CYCLE CYCLE CYCLE
21.	22.	23.	24.

ANSWER SHEET FOR WORD SALAD ACTIVITY

SANDBOX	SPLIT LEVEL	MIND OVER MATTER	DOWNTOWN
CIRCLES UNDER EYES	I UNDERSTAND	HIGHCHAIR	LONG UNDERWEAR
BACKWARD GLANCE	SIX FEET UNDER GROUND	SEE THROUGH BLOUSE	LIFE AFTER DEATH
PARADISE	NEON LIGHT	HE'S BESIDE HIMSELF	OHIO
JUST BETWEEN YOU AND ME	CROSSROAD	LOW PROFILE	TOUCH UP
G. I.'S OVERSEAS	READING BETWEEN THE LINES	MAN OVERBOARD	TRICYCLE

Handout 3

Reading Activity

arow ɒ liuɘ 7rom tyɘ tɿnif iu fdɘ lɘ7f
ɔolnwu fo 7yɘ wɒtɔyiuɘ 7ɿuit in tdɒ
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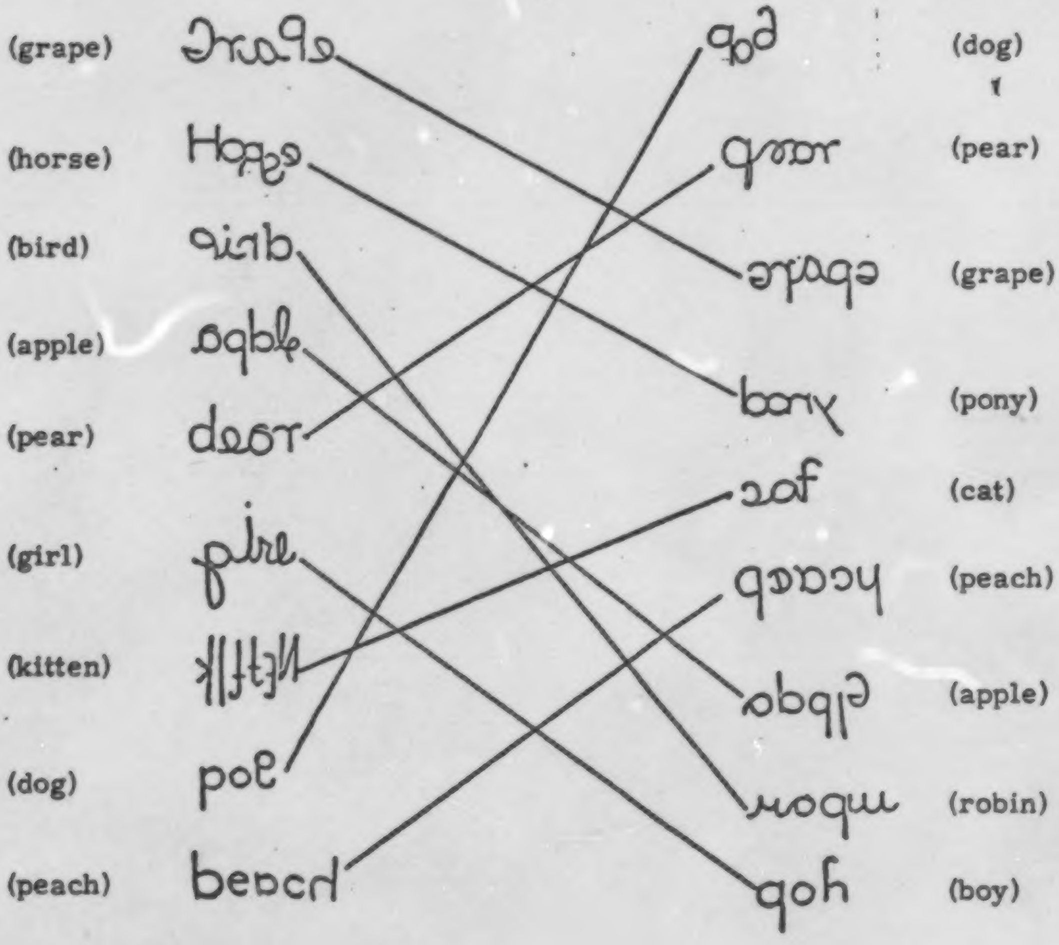
yob

Voactional Education Inservice Training Project, Simulation Reading Problems Module, Madelyn Regan, University of Kansas, 1978.

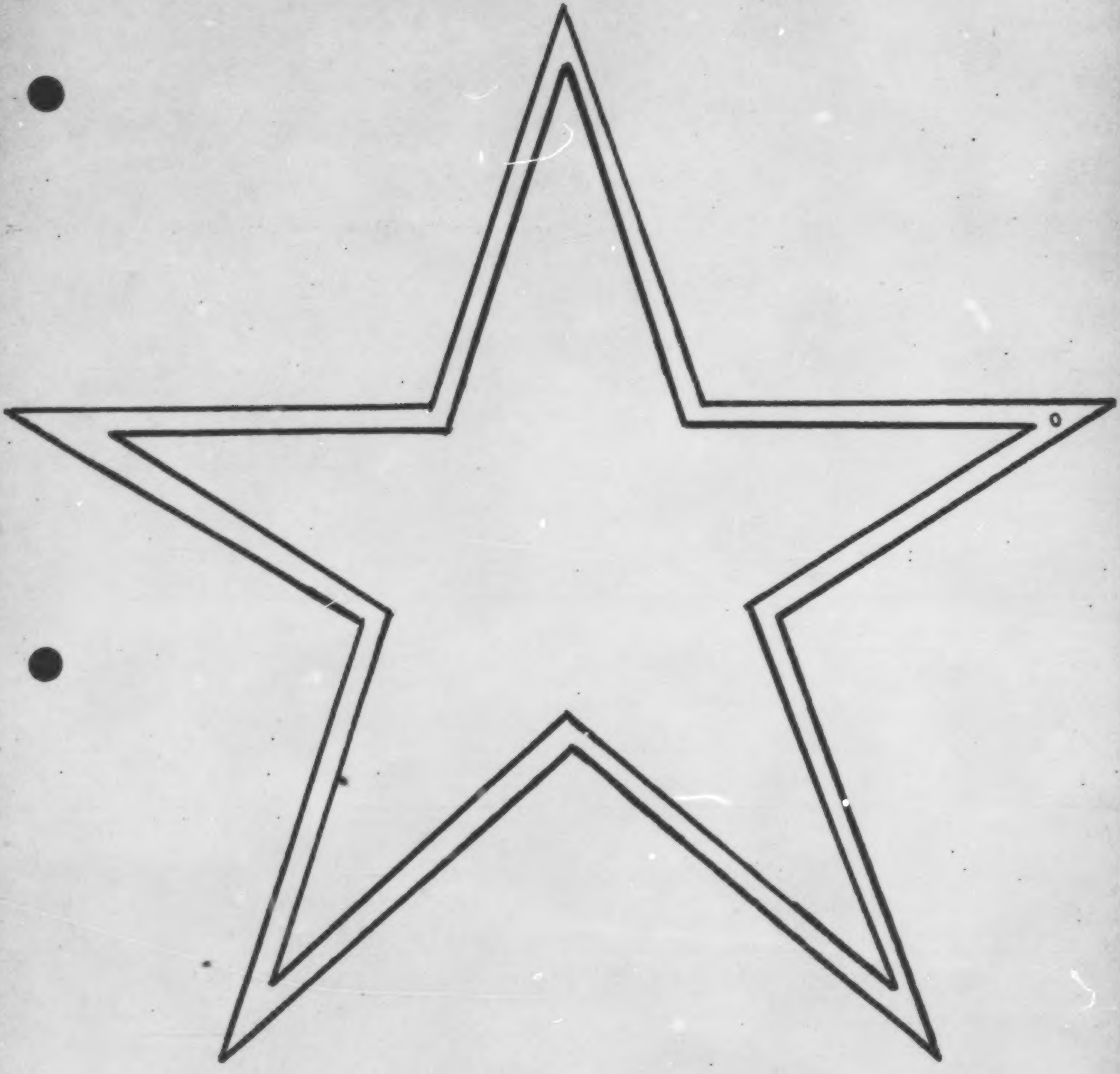
Answer Sheet for Reading Activity

Draw a line from the fruit in the left column to the matching fruit in the right column. Then draw a line from the pet in the left column to the matching pet in the right column.

If you don't like fruit, don't match the fruit. If you don't like pets don't match the pets. If you don't like both, match them anyway.


(grape)
(horse)
(bird)
(apple)
(pear)
(girl)
(kitten)
(dog)
(peach)
(dog)
(pear)
(grape)
(pony)
(cat)
(peach)
(apple)
(robin)
(boy)

Handout 5



ACTIVITY III: The Functioning Of Handicapped Individuals In Everyday Activities

Purpose: To provide participants with an opportunity to view a handicapped individual functioning in everyday life.

To provide participants with an opportunity to discuss their feelings and thoughts about serving the handicapped in general education classes.

Audience: Educators.

Time Required: Sixty minutes.

Materials:

Videotape player
Videotape monitor

Handout 1
Videotape
"The Mildly Handicapped: A Shared Responsibility"
Available through your State department in 3/4" color cassette.

Procedures:

A. Before the Activity

1. Preview the videotape to be familiar with the content.
2. Duplicate the handout.

B. Implementing the Activity

1. Explain that the videotape tells the story of a man who has a learning disability and has graduated from high school.
2. Show the videotape.
3. Ask if there are any questions or comments.
4. Ask the group to divide into small groups of four.
5. Distribute the discussion questions to each group member and ask them to discuss the questions for thirty

minutes. Tell them they can choose which questions they wish to discuss.

6. To establish closure, ask the participants if anyone would like to share anything from their discussion.

NOTE: *This videotape was selected because it illustrates a handicapped individual who is functioning in everyday life. This provides the participants with a positive look at a handicapped individual. If this film cannot be secured another film which illustrates the same concept should be used. Try to select a film that portrays a student similar in age to the students most of the workshop participants teach.*

"As a Blind Person" can be obtained from the American Foundation for the Blind, 15 West 16th Street, New York, NY 10011 -- rental, $30.00.

If the above is unavailable, two alternatives are:

"A Child is a Child"
color - seven minutes ($15.00)
Shows young, handicapped children as part of a group--emphasizing how they are like other children even though they may be blind or mentally retarded.

AIMS Instructional Media Services, Inc.
P. O Box 1010
Hollywood, CA 90028

"I Am Not What You See"
($40.00)
Poignant TV interview with a woman who has achieved a meaningful life in spite of an overwhelming physical handicap.

Valeria Altieri
Canadian Broadcasting Corp.
245 Park Avenue - 34th Floor
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DISCUSSION QUESTIONS

1. How can teachers become more aware of the feelings of mildly handicapped students?

2. What are the most relevant curriculum experiences a school can provide to prepare mildly handicapped students to function successfully as adults?

3. What characteristics should a general education teacher have to work successfully with a mildly handicapped student?

4. What do general education teachers need to help them successfully include mildly handicapped in their classes?

5. What kind of adaptations are realistic to expect teachers to make in order to include mildly handicapped in their classes?

Adapted from The Mildly Handicapped: A Shared Responsibility,
State of Iowa Department of Public Instruction,
Special Education Division, Des Moines, Iowa. January, 1979.

ACTIVITY IV: Panel Presentation

Purpose: To provide participants with the opportunity to hear a handicapped person or the parent of a handicapped share experiences.

Audience: Parents and educators.

Time Required: Thirty to forty-five minutes.

Materials: None

Procedures:

A. Before the Activity

1. Select handicapped adolescents or adults or parents of handicapped who would feel comfortable as part of a panel.
2. Provide panel members information about the background knowledge of the audience.

B. Implementing the Activity

1. Introduce members of the panel.
2. Following presentations, encourage participants to ask questions and interact with the panel.

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SECTION 4

Developing the IEP: Planning A Handicapped Students Educational Program

Objective: To provide parents and educators with the skills necessary to develop and evaluate an IEP.

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For additional information, please read Section 4, Parents and the IEP Meeting, in Establishing the School-Parent Relationship in Special Education. Jerry Caster, Midwest Regional Resource Center, Des Moines, Iowa, 1979.

ACTIVITY 1: "COMPONENTS OF THE IEP" Lecturette

Purpose: To provide parents and educators with information about the IEP and what the law states it must contain.

Audience: Parents and educators.

Time Required: Thirty minutes.

Materials:
- Lecture notes
- Newsprint
- Overhead Projector
- Screen
- Transparency pens
- Transparencies 1 - 4

Procedures:

A. Before the Activity

1. Prepare a 30 minute lecturette using the "Components of The IEP" Notes.

B. Implementing the Activity

1. Use the transparencies, if you wish.
2. You may wish to duplicate the transparencies as handouts.
3. Encourage questions and comments.

COMPONENTS OF THE IEP:

1. In 1975, a federal law was passed called Public Law 94-142, or Education For All Handicapped Children's Act. This law was important for handicapped children throughout the United States. It promised the exceptional child a greater opportunity to learn, by providing special help that is free, appropriate and through public education.

   (ON BLANK TRANSPARENCY, WRITE: PUBLIC LAW 94-142)

2. Since then, a major purpose of this law has been to insure that each handicapped child receives the right kind of help. To do this, an individual educational program (IEP) is planned for the child.

   (ON BLANK TRANSPARENCY WRITE: Individualized Education Program IEP)

3. A good way to understand what an IEP really is, is to look at the meanings of the three words. Let's do that now.

   a. Individualized - The IEP must be written about one particular child, not a group or class. It should talk about the needs of this one child only.

   b. Education - The IEP should only be written in the areas of education in which the student is having difficulty. In other words, if the student is not having problems with math, then there is no reason for math to be included on the IEP.

   c. Program - The IEP should explain what actually will be provided to the student. It is not detailed like a lesson plan, but is more detailed than a statement such as "the student will complete all third grade work."

4. Are there any questions on this?

5. Lets now look at how an IEP is written. According to P.L. 94-142, before any handicapped child receives special help or services, a group of people must meet to write an IEP. This group is referred to as a team that should include the following:

   (ON NEWSPRINT, WRITE THE FOLLOWING)

IEP TEAM

1. Parents or guardians
2. Teacher(s) of the child
3. An administrator of the school district or a supervisor of special education
4. The child, when appropriate
5. Evaluator, to explain tests given to student

6. Others may be involved, but this much of a team should participate in the meeting.

7. An IEP meeting usually lasts about an hour, but more time may be needed if the child's case is complex or the members of the team are not prepared.

8. To better understand what should take place at these meetings, let's look at what should be included in an IEP.

   (ON NEWSPRINT WRITE THE FOLLOWING:)

   a. A description of the child's present strengths and weaknesses.

   b. Goals and objectives for the child.

   c. A way of determining the child's progress.

   d. The kind of help or services that the child will receive.

   e. When the services will be provided to the child.

   f. The amount of time the child will spend in the regular classroom.

9. Let's take a few minutes to talk about each one of the parts of an IEP.

10. The first part of an IEP should include a description of the child's present strengths and weaknesses. This should be a summary of what the child can and can not do in the identified problem areas. The summary is based on the results of informal and formal testing, observation and case history. It should not be the results of one test or observation.

11. Test scores, such as a 4.1 on the WRAT, should not be listed unless they are explained in terms of what the child can and can not do.

12. This first part of the IEP should answer the questions:

    a. What can the child do in the areas that have been identified as a problem?

    b. What does he need to learn to do next in those problem areas?

13. Let's look at some examples of these descriptions to see if they answer our two questions.

    (ON OVERHEAD, PUT TRANSPARENCY 1 AND ASK PARTICIPANTS TO READ IT TO THEMSELVES)

14. Does the first example answer these two questions? How about the second example?

15. The description of the child's strengths and weaknesses should lead us right into the goals and objectives for the child. In other words, if we've identified what he needs to learn next, then our goals and objectives should not be difficult to write.

16. We begin by writing our goals first. These are clear and simply state and provide us some direction for writing our objectives.

17. Goals are written for one year. They are the IEP team's best guess of what the child will be able to do in a year.

18. When we write an annual goal, it should be written about only one instructional area, such as reading or math, but not both.

19. Let's look at some examples of annual goals you might find in a child's IEP.

    (ON OVERHEAD, PUT TRANSPARENCY 2)

20. Are these written for one year? Are they written about what the child is expected to do? Do they identify only one instructional area?

21. For every annual goal that appears on the child's IEP, we need to have short-term objectives. These objectives are more specific and cover a shorter length of time. Objectives are thought of as the steps that lead to the goal.

22. Every IEP should include information on how the obejctives are going to be measured. In other words, we should all know how to tell if the child can master the objective. This would include the amount or level of correct answers, such as:

8 out of 10 correct or 80% correct

And a description of how to check the child's performance, such as:

When show 250 word cards for five seconds each....

When given a worksheet with ten 2-digit addition problems, with no carrying....

23. By being measurable, these objectives give us a way of determining if the child is progressing as the IEP team had expected. This then covers out third point(c).

24. Let's now look at some objectives that give us this information.

(ON OVERHEAD, PUT TRANSPARENCY 3)

25. Are these more specific than our annual goals? Do they provide you more information?

26. Before we go on are there any questions?

27. Let's now go to the next part that should be included in an IEP; the special services to be provided to the child. This simply means to list the special service being provided to the child on the IEP. Generally this is listed along side the objectives, to show what is going to be done to help the child meet his objectives. It may sometimes be a name of a position, such as a counselor or resource teacher. Other times, you may see a description of a particular material or special equipment.

28. In addition, according to item e, the IEP should also show when the services are to begin and the length of time that they are to be provided to the child. This may simply be noted by a beginning and ending date. For example, 1/31 to 3/31.

29. Let's look at the final item that should be included in an IEP, "the amount of time your child will spend in the regular classroom." This should be written as a sentence or short paragraph, instead of just a number. Let's look at an example.

(ON OVERHEAD PUT TRANSPARENCY 4)

30. By reading this statement we can clearly see the intent of the IEP team and of Public Law 94-142: To help prepare the child with the skills that will allow him to be educated with non-handicapped children.

31. Are there any questions?

PRESENT LEVEL OF PERFORMANCE

A.

Kerry is an 8 year old second grader with above average potential and normal vision and hearing. She is experiencing difficulty in areas of language arts, especially reading skills, comprehension, and understanding a sequence of ideas. Performance in math is inconsistent. She profits from visual and concrete cues.

Kerry attends school regularly and presents no discipline problem. She has trouble staying on task in a group and needs encouragement to join group discussions and activities.

B.

Kerry attends school regularly and presents no discipline problems. She has the ability to work at grade level, but needs help in language development and math.

She has normal hearing, vision, and writing skills, but has trouble in rhythm and movement activities.

She is interested in individual activities, but needs encouragement to participate in group activities.

ANNUAL GOALS

1. To improve social skills in relating to peers.

2. To improve computation skills in addition and subtraction.

3. To independently stay on task, 60% of the time, in structured observation.

BEHAVIORAL OBJECTIVE

Given the word list from the ___________ basal reader, Kerry will say the words with 80% accuracy.

Kerry will master "selected" word attack skills in the _______ phonics program as measured by the Croft Informal Inventory.

Joey Smith is recommended for placement in a self-contained classroom. This decision has been based on information from Joey's evaluation. At this time, his behavior is such that his hearing is impaired when being taught in a large group where self-control is a necessary prerequisite to the hearing process. In the environment where Joey will be placed, smaller group sizes and a greater reliance on external control of behavior is available. Emphasis in this environment will be placed on the development of self-control through a sequenced behavior management program. As Joey's teachers, parents, and building principal gain evidence that Joey is developing enough self-control to function in larger group settings, he will gradually be given increasing opportunity to return to regular classroom environments.

ACTIVITY 2: "IEP COMPONENTS MATCH"

Purpose: To provide parents and educators the opportunity to evaluate their knowledge of the IEP.

Audience: Parents and educators.

Time required: Fifteen minutes.

Materials: Activity Sheet 1.
Handout 1.

Procedures:

A. Before the Activity

1. Duplicate the activity sheet and handout.
2. Be sure participants have had Activity 1 or have the level of background knowledge of IEPs to complete this activity.

B. Implementing the Activity

1. Ask participants to form groups of three. Pass out the Activity Sheet and Handout. Ask if there are any questions.
2. Conclude with questions and comments.

ACTIVITY SHEET 1

INSTRUCTIONS

1. In the lecture, six items were mentioned as required sections of every IEP. Those items were:
    a. A description of the child's present strengths and weaknesses.
    b. Goals and objectives for the child.
    c. A way of determining the child's progress.
    d. The kind of help that the child will receive.
    e. When the services will be provided to the child.
    f. The amount of time the child will spend in the regular classroom.
2. Attached is a brief IEP.
3. Review the information on this form. Then fill in the boxes with the letter from the above list that best describes the information.
4. Is there any information missing on the IEP?
5. Check your answers with a facilitator.
6. You have five minutes for this activity.

Handout 1

INDIVIDUALIZED EDUCATION PROGRAM-IEP

Child's name____________________________ Today's Date______________________

Birthdate_______________________________ Parent__________________________

☐

Kerry has above average intellectual ability and performed a year and a half above age level on the Peabody Picture Vocabulary Test, indicating she has a good understanding of the words she hears. She also performs well when tasks are presented visually. Kerry is at the preprimer level in passage reading, sight words and comprehension. She doesn't know short or long vowels, but can identify initial consonant sounds.

☐

Kerry will read at the 2.5 grade level and understand what she reads.

☐	☐	☐
By November 1, Kerry will be able to read 25 sight words taken from the 2.5 Ginn Series when shown each word on a flash card for 5 seconds.	Reading Clinic	9/30 to 11/30

☐

90%

ACTIVITY 3: An Educational Goal-Setting Guide for Parents

Purpose: To provide parents and educators with skills for developing educational goals.

Audience: Parents and educators.

Time Required: Thirty minutes.

Materials: Handout 1

Procedures:

A. Before the Activity

1. Read the guide to become familiar with the content.
2. Duplicate for participants.

B. Implementing the Activity

1. Explain that this is a self-directed activity. Participants will read and progress through the package at their own speed. The goal is to learn how to write goals.
2. When participants have completed the package, allow time for questions. Ask them to share their goals.

AN EDUCATIONAL GOAL-SETTING GUIDE FOR PARENTS

One of the most--if not the most--important things that a parent can do to help school and other professionals do a good job is to assist in the identification of goals for your child. If teachers and other professionals have some idea of what you would like to see happen to your child, they will be able to provide services and programs that help meet your expectations. There is no one better qualified to write a goal for your child than you, the parent. You know your child better than anyone else and you are legally in charge of his/her life. It is more than reasonable that you suggest goals for your child.

Goals are not that hard to write and require little special training. The short program that follows will help you to identify good goals for your child.

If you are writing these goals to assist school officials in planning an individual educational program for your child, you should turn in your list of goals to a member of the school planning team before the assessment process is completed so your suggestions can become a part of your child's individual program.

AN EDUCATIONAL GOAL-SETTING GUIDE FOR PARENTS

Goals--What Are They?

Goals are statements about things we're aiming to do, get or become. Setting goals for ourselves, and systematically working toward them, is a way of turning an ambition or desire into a reality. If you know what you want, you're more likely to get it.

Setting educational goals for children is an important part of planning an appropriate instructional program. Educational goals are statements that tell what skills or behaviors the teacher and child are aiming for. They are usually written for one school year at a time. Annual goals, such as "will be able to dress himself," may be steps along the way to life goals like, "will be independent," and represent a specific set of skills that the child will hopefully master over the school year.

Setting Goals

Parents can make a real contribution to the design of their child's educational program when they take some time to think about goals that they would like to see their child reach. These goals can then be discussed at meetings with school personnel. The following exercise is designed to give you practice in identifying essential, realistic, reachable goals for your child.

A STEP-BY-STEP GUIDE TO EDUCATION GOAL-SETTING

Read each section below, and take a few minutes to respond to the questions asked:

1. An educational goal describes a skill or behavior we would like to see a child learn, or do better. Educational goals are usually written for one year.

2. Since educational goals are usually written for one year, they are sometimes called annual goals. Many different kinds of goals can be set, but most of the educational goals you will want to aim toward with your child fall into one of the following five areas:

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- 2.1 ACADEMIC SKILLS (e.g., reading; writing/spelling; math)
- 2.2 SELF-HELP SKILLS (e.g., eating; dressing; bathing; shopping)
- 2.3 MOTOR SKILLS (e.g., riding a bike; climbing stairs)
- 2.4 SOCIAL/EMOTIONAL SKILLS (e.g., sharing; making friends; saying "thank you"; trying new things; smiling)
- 2.5 VOCATIONAL/PREVOCATIONAL SKILLS (e.g., following directions; completing jobs; using tools).

3. Now, think of one thing you would like your child to be able to do by the end of the school year. Write it here:______________________________
(Child's Name)

will____

____

____

Did you write something like:

- be able to read faster;
- be able to spell better;
- be able to tidy up his/her room;
- be able to play baseball;
- improve his math skills.

If you wrote something like the examples above, you have written a goal for your child.

4. Look at the goal you wrote; next, look back at Step 2, and check the skill area that is most like the goal you wrote. For example, if you wrote, "Jamie will have better coordination," you would check 2.3, Motor

Skills. If you wrote, "Alicia will be able to pick out her clothes and put them on," you would check 2.2, Self-Help Skills. If you wrote something like, "Chia will do her homework," mark the skill area that seems closest to the goal--2.1, Academic Skills.

5. Before going on to the next step in goal-setting, let's look at a few more examples of goals in each of the five areas.

ACADEMIC

READING

- read traffic safety signs
- improve sight vocabulary
- read at a 5th grade level
- understand what is read
- read a book

WRITING/SPELLING

- print name and address
- spell name and address
- write a book report
- make fewer spelling mistakes
- print more neatly

MATH

- get a passing grade in algebra
- count by 10's
- make change
- tell time
- learn the multiplication tables

SELF-HELP

- eat with a knife and fork
- go to the store on errands
- bring belongings home from school
- use the stove safely
- ride the bus
- use the telephone
- cross a street with traffic signals

MOTOR

- swim
- cut with scissors
- play on the basketball team
- drive a car
- play the piano

SOCIAL/EMOTIONAL

- have good manners
- enjoy playing with age-mates
- sleep without a light on
- play table games with the family
- participate in group activites

VOCATIONAL/PREVOCATIONAL

- be on time (for school, etc.)
- learn to type
- listen and follow instructions

- do chores around the house
- fill out a job application
- work independently

Notice these things about sample goals:

- They are stated positively;
- They tell what skill the child will have (play the piano vs. taking piano lessons).

Also notice that some goals seem to fit into more than one area. "Learn to type" could be seen as a vocational skill or as a motor skill. Knowing which area a goal should fit in is not really that important; the skill areas merely help to think of all the kinds of things you'd like your child to: learn

do better

do more often.

6. On the next page, there is space for you to write some more goals for your child. Remember, goals should be realistic, and reachable within a reasonable amount of time (otherwise, both you and your child may be frustrated and disappointed). You may want to review the sample goals before you go on to the next page.

7. Before you start writing your goals, we suggest you follow a simple procedure that may help you think of your goals faster. Take a kitchen timer, the timer on your stove, or an egg timer. Set the timer for 3 minutes. Then try to list as many things as you can that you would like your child to be able to do. Don't worry about what language you use. Just write a bunch of phrases or sentences as fast as you can. Try not

to let your pencil stop moving. You probably won't need the whole 3 minutes.

Set your timer and list your goals for your child below:

GOALS LIST FOR______________________________

Child's Name

8. Now look back at Section 2 and see if you have forgotten anything important from any of the skill areas. Don't feel you have to have all areas covered. Add any new goals you might think of to the above list.

9. Now look over your list of goals that you have listed and talk them over with someone else in your family, a friend, or your child, if appropriate. Can you or the other person think of anything else to add to the list?

   Ask yourself these questions about each of the goals:

   (a) Are they realistic?

   (b) Are that stated positively?

   Revise your goals if necessary.

10. The next step is to look at all of the goals you have written and decide which one is the most important to you and to your child.

    Think carefully about each goal. Now put a 1. beside the goal that is the most important, a 2. beside the next most important one, and so on, until you have them all numbered.

11. In Step 10 you prioritized the goals for your child--indicating their order of importance.

    Now you're ready for a meeting with your child's teacher(s) to talk about how these goals, and others identified by the educational team, can be included in your child's educational program.

Be prepared to:

a) add to the goals you have written, the goals the school thinks are important;

b) explain why a particular goal is important--why you think your child should work on it;

c) adjust your goals to reflect additional information about what is realistic and/or critical for your child at this time;

d) find out what you can do at home to help your child reach the goals that are finally set for him/her.

From: Directions 2: A Workbook For Families, Western Los Angeles Direction Service. 11300 South La Cienega Blvd., Inglewood, California, 1979.

ACTIVITY 4: "The IEP: A Search For Quality"

Purpose:	To provide parents and educators with the skills to evaluate an IEP.
Audience:	Educators and possibly parents.
Time Required:	Sixty minutes.
Materials:	Lecture notes Transparencies 1 - 15 Handouts 1 - 4 Overhead projector Screen Transparency pen

Procedures:

A. Before the Activity

1. Be sure participants have had Activity 1 or have the level of background knowledge of IEPs to complete this activity.

2. Use the lecture notes titled "The IEP - A Search For Quality" to become familiar with the content and to develop a presentation.

3. It may be useful to review the Federal Regulations for P.L. 94-142, because you might get detailed questions from participants.

4. Emphasize in your presentation:

   a. The need to strive for quality in IEPs.

   b. The components of the IEP as required by P.L. 94-142.

   c. The interrelatedness of the components of the IEP.

   d. The need for IEPs to be written in a manner such that they are easily understood by parents.

5. The material presented has been designed to include the review of a sample completed IEP. The IEP is reviewed after information is presented on each component through the use of a checklist.

B. Implementing the Activity

1. Present the lecturette to the large group.

2. Ask participants to work in pairs when reviewing the sample IEP. Allow them about 5 minutes. When they have completed the review, allow time for discussion.

3. Transparencies have been provided to reinforce the content. In the lecture notes one star (*) indicates a transparency would be put on the overhead. Two stars (**) indicate that it would be removed. Use the transparencies that enhance the presentation you developed from the lecture notes.

4. Emphasize that this presentation does not include information on the IEP process or the actual IEP meeting. The focus of this presentation is the content of the IEP. The total process must be considered in the ultimate determination of whether or not a quality IEP exists.

The IEP - A Search for Quality

It was not long ago that IEPs came into existence. It was The Education for All Handicapped Children Act of 1975, or Public Law 94-142 that gave IEPs birth. And, it wasn't until October of 1977 that they were first required in the schools. We have gone through the process of initial implementation. We have learned the mechanics of writing IEPs. Now that we have had some experience, we are ready to concentrate on quality. This is not a criticism of what we have been doing. I'm not being critical. Instead, I'm just recognizing that we do improve with experience, and at the beginning our energies were realistically devoted to meeting the new requirements. Now, we are ready to strive for a better product, to improve the quality of our IEPs.

Trying to define what is a quality IEP is not easy. It's not easy because there probably never will be total agreement on what makes for a perfect IEP. That's not bad because our search for quality will never end. It is also a recognition that there are different philosophies among professions, and even between local schools and states. Trying to define a quality IEP is also difficult because it is more than a written document. The IEP is also a process. It involves interaction between people. If the interaction is poor and the writing good, can the IEP have maximum quality? Trying to define quality is also difficult because it would be impossible to ever totally capture the nature of the student, student needs, or the instructional process on a piece of paper. Regardless of how much we write, it would always be possible to write just a little bit more.

I emphasize the difficulty of defining quality because it is the people, professionals and parents, involved in each IEP who ultimately must define what quality is. My goal is to give you some workable guidelines to use in your search for quality.

A place to start is to review what IEP means. (*1)

a. Individualized - The IEP must be addressed to the educational needs of a single child rather than a class or group of students.

b. Education - The IEP is limited to those elements of a student's education that are specifically special education. For example, if a student needs special help in reading, the IEP would address itself only to reading and not to math.

c. Program - The IEP is a written statement of what actually will be provided to a student, not what is ideal. It is not as detailed as a daily lesson plan but it is more detailed than a statement such as "the student will complete all third grade work." The IEP is a management tool. (**1)

That serves as a mind-set, a general view of what an IEP is supposed to be. A more specific way of defining an IEP is to identify its components. The Federal Rules and Regulations identify the parts of an IEP as: (*2 - show one at a time)

a. A statement of the child's present levels of educational performance;

b. A statement of annual goals, including short term instructional objectives;

c. A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs;

d. The projected dates for initiation of services and the anticipated duration of the services; and

e. Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

We will look at each of the components to see what would be quality.

The first component asks us to describe the student's current level of functioning. In doing this we should: (*3 - show one at a time)

1. Identify the areas of special education need. If the student needs help in reading, but not other areas, it is reading that we would describe. The more special education assistance that is required, the more elaborate would be the description of the student's present level.

2. The description given should provide direction to what should be done instructionally to meet the needs of the student. The IEP must be specific enough to communicate what the current situation is. Without knowing where the student is, it is not possible to decide what should be done to correct or improve deficiencies.

3. Whenever possible, the description should provide information useful in determining instructional methods. I emphasize whenever possible because it is not always clearly established whether or not the student is a visual or auditory learner. Or, successful reinforcers may not yet be known. However, when they are known, they should be communicated.

4. The description should also indicate unanswered questions or concerns. The best evaluation may leave issues unresolved. Whether or not academic performance is due to attending skills, school absences or general learning ability may be undetermined. Or seizures unresponsive to medication may be a concern. There are some questions or concerns for all handicapped children. However, in some cases there are significant issues that are still unresolved. By identifying them it is possible to better assure that no one overlooks them.

   The description cannot be expected to describe every aspect of the student. There is never enough space for that. If it covers the critical information, it is doing well! Likewise, it can't be expected to provide all of the answers on how the student learns. The tools we have don't allow us to be that skillful at this time. (**3)

I have a Checklist that is helpful in reviewing the description of the student's present level of educational performance. Let's review the checklist.

(Hand it out and review the items.)

Now let's look at an IEP along with the checklist to see if the things that make for quality are there.

(Hand out the IEP and have them review it in pairs. After five minutes, follow with discussion.)

Let's look at another IEP component now and what makes for quality. For our purposes, I will group the requirements for annual goals, short term objectives and the presence of criteria for evaluation together.

Let's look at annual goals now.

1. Relate to the broad needs identified in the description of present level of performance. It is rather obvious that goals should be set to overcome the deficiencies identified.

2. Annual goals should be understandable to another professional reader. If another professional cannot read the written goal and understand what it's focusing on, what it is wanting to achieve, then it is poorly written.

3. Annual goals should be understandable to the parent. We aren't going to discuss the team relationship between parents and educators that is expected in P.L. 94-142. However, the importance of wording that can be understood by parents cannot be ignored because it is important to that team relationship. It is not an easy task because we have our professional jargon, but it is one that we have to work on.

4. Annual goals should consider the priorities of the parents and the adjustment of the student in the home and family. This relates to that team process again. When things are of great importance to parents, they ought to be included as part of the goals. Also, parents should be asked as part of the IEP development process what their priorities are so that they can be discussed. I include the adjustment of the student at home because there may be skills that, if learned, would permit the student to function better at home. While this is more often the case with moderately handicapped students, it is not untrue for some mildly handicapped students. For example, handling money, telling time, or even learning a leisure-time game like checkers that could be played with brothers and sisters can be very important. I emphasize this because the more independent and better adjusted the student can be at home, the easier it will be for him or her to adjust in the school environment. This is important for the total child and the self-concept.

5. Annual goals must be specific enough to lead to the development of appropriate instructional objectives. Appropriate really means that the objectives relate to the goals and the goals relate to the present level of functioning. (**4)

Let's look at that relationship just for a moment. (*5) On the left are the terms or words that are used within the language of IEPs. They are easily translated to other words that we are more accustomed to. Present performance is the same as the educational needs of the student. Goals are the desired educational outcomes, i.e., what we felt that needs to be learned during the year. And, objectives are the small, measureable steps used to meet the educational needs. In both cases, the ultimate goal is student learning. One aspect of quality in IEPs is the visibility of this relationship between present performance, goals, and written objectives. (**5)

Let's apply an annual goal checklist to the IEP that you have, work with the same partner as before.

(Distribute Annual Goal Checklist, provide about five minutes, then discuss with the group.)

Short-term objectives with a criteria for measurement is the next requirement of the IEP. Exactly how long a period of time a short-term objective covers is not defined. It is useful to have the objectives written to cover the usual pupil progress reporting period. This is usually for six or nine weeks. However, you may wish to alter that guide at times if you feel it is appropriate.

Quality short-term objectives have these characteristics. They (*6 show one at a time) relate to the goals. When all of the objectives for a goal are written, you should be able to say, "Yes, if the objectives are achieved, the goal will be accomplished." If you can't say that, then either the goal is too broad or there are too few objectives. If the goal will be more than accomplished, then either there are too many objectives or the goal is too narrow. Objectives must be measurable. There are a lot of ways to measure student growth. No one way is better than another as long as it fits what is being taught. Some examples are: formal tests, teacher or parent observations, anecdotal records, daily log, charts and graphs, student work, course tests, and pre-post tests. (**6)

Regardless of the evaluation method, a measurable objective will tell what must be done, by when it will be done, and how well it must be done. The IEP should indicate who is responsible for working on the objective. This is usually the teacher and not stated, is assumed to be the teacher's responsibility. However, it could be someone else's. For example, the speech clinician, the occupational therapist or the responsibility could even be shared between the teacher and parent.

Here is an example of an objective that is measurable. (*7)
Review the transparency with the group. (**7)

Quality objectives also have some other characteristics. They also can be understood by other professionals and by parents. A key aspect of quality is, that objectives should stress mastery at a level where the skill can be used in the environment. This is not to say that performing a skill in isolation doesn't happen first. Instead, I'm indicating that wherever possible the IEP objective should stress application. Mastery of the skill in isolation is something the teacher can sequence into his or her daily plans. Emphasizing application of skills makes it easier for parents and others to understand and to provide feedback.

Here are copies of examples. Review transparency *8 and ask which are easier to understand. (**8)

Now that we've discussed measurable objectives, let's apply a checklist to the IEP as before. Take a few minutes and we'll see if the IEP meets our criteria.

(Handout objectives checklist, provide about five minutes, then discuss with the group.)

There are three IEP requirements that we haven't discussed yet. These are:

1. Specific special education services and related services to be provided to the student,

2. Projected date for initiation and duration of service,and

3. Participation in the regular program.

Special education services refers to the instructional assistance that will be provided by a resource,itinerant, or special class teacher Related services includes a variety of things; special transportation, occupational therapy, speech therapy and adapted physical education are a few of the related services. When recording information, the following should be done. (*9) Identify what is to be done, when it is to be done and how frequently it is to be done. If the student will be seen by the resource teacher every day for thirty minutes, that should be indicated. Also, if services are to be provided in a group and not individually to the student, this should be indicated if there is any chance that someone would assume that everything would be done on a one to one basis.

The information should also differentiate between direct and consultative services. Often speech clinicians, occupational therapists and others will work with the student through the teacher. This is often the case with young children or moderately and severely handicapped students. Again, if a team member or parents might incorrectly assume that the person would be working directly with the student, it should be clearly stated that the service will be consultative.

A word of caution is appropriate. Don't promise more than will be provided. Anything that is written on the IEP is what will be done, not what would be ideal.

Projected dates for initiation and duration of services will not be difficult to state. Basically, you only need to identify when they will begin and end. When exact dates aren't known, it is possible to say, "by a certain date such and such will be provided."

Caution should be taken not to give parents false hopes. Even though it is difficult to be exact, if it looks like services will be needed for the next few years, the parents need to know. It is harmful to be unrealistically optimistic and to say "one semester" or "one year" if there is little likelihood that special education services will be unneeded then.

Participation in the regular program is the last thing that should be described. It should indicate the subjects and activities that the student will attend. This includes general education classes like reading or art and also such things as recess, luncheon, or assemblies. For resource students it might be easier to say, "out of the general classroom in math, in general eighth grade for other subjects and activities."

The purpose of participation in the general program may need to be indicated also. Sometimes students participate in general classes because of the social benefit and general information. The students are not evaluated using the same criteria as non-handicapped students. This should be indicated so as not to mislead any members of the IEP team. (**9)

Now that we have looked at the last three requirements: special education and related services, when and how long they will be provided, and participation in the general education program, let's look at the IEP that you have. Does the IEP provide you with the necessary information? Visit with your partner on it for a few minutes and share your reaction to that question.

(Wait for three minutes - then group discussion.)

Summary

Our focus has been on the characteristics of a quality IEP. We have discussed the components and the aspects of quality in each of them. However, quality must be judged by the total product, not just individual IEP components.

In addition to the other checklists, let me provide you with a last one. It should be useful in looking at the total IEP and judging quality. (*10) It should accurately describe the functioning of the student in the critical areas. It should pinpoint the major goals and objectives that need to be accomplished. It should serve as a management tool for professionals who work with the student, it should define major instructional needs to provide a method for evaluating learning. And lastly, it should provide, at least with explanation, information that parents can understand. Information that will let parents know what the school is doing.

As we all work to continually improve the quality of our IEPs and the IEP process, I think that these items might serve to help us identify where we should start first. (**10)

AN IEP IS:

a. Individualized - focus on needs of a single child

b. Education - limited to special education and related services

c. Program - written statement of what will be done and a management tool.

121a.346 CONTENT OF INDIVIDUALIZED EDUCATION PROGRAM

The individualized education program for each child must include:

(a) A statement of the child's present levels of educational performance;

(b) A statement of annual goals, including short term instructional objectives;

(c) A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs;

(d) The projected dates for initiation of services and the anticipated duration of the services; and

(e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

SHOULD

1. Identify areas of need
2. Provide direction for instruction
3. Provide direction for methods
4. Identify questions or concerns

CANNOT

1. Describe everything
2. Provide all of the answers

ANNUAL GOALS

SHOULD

1. Relate to needs identified in present level of performance

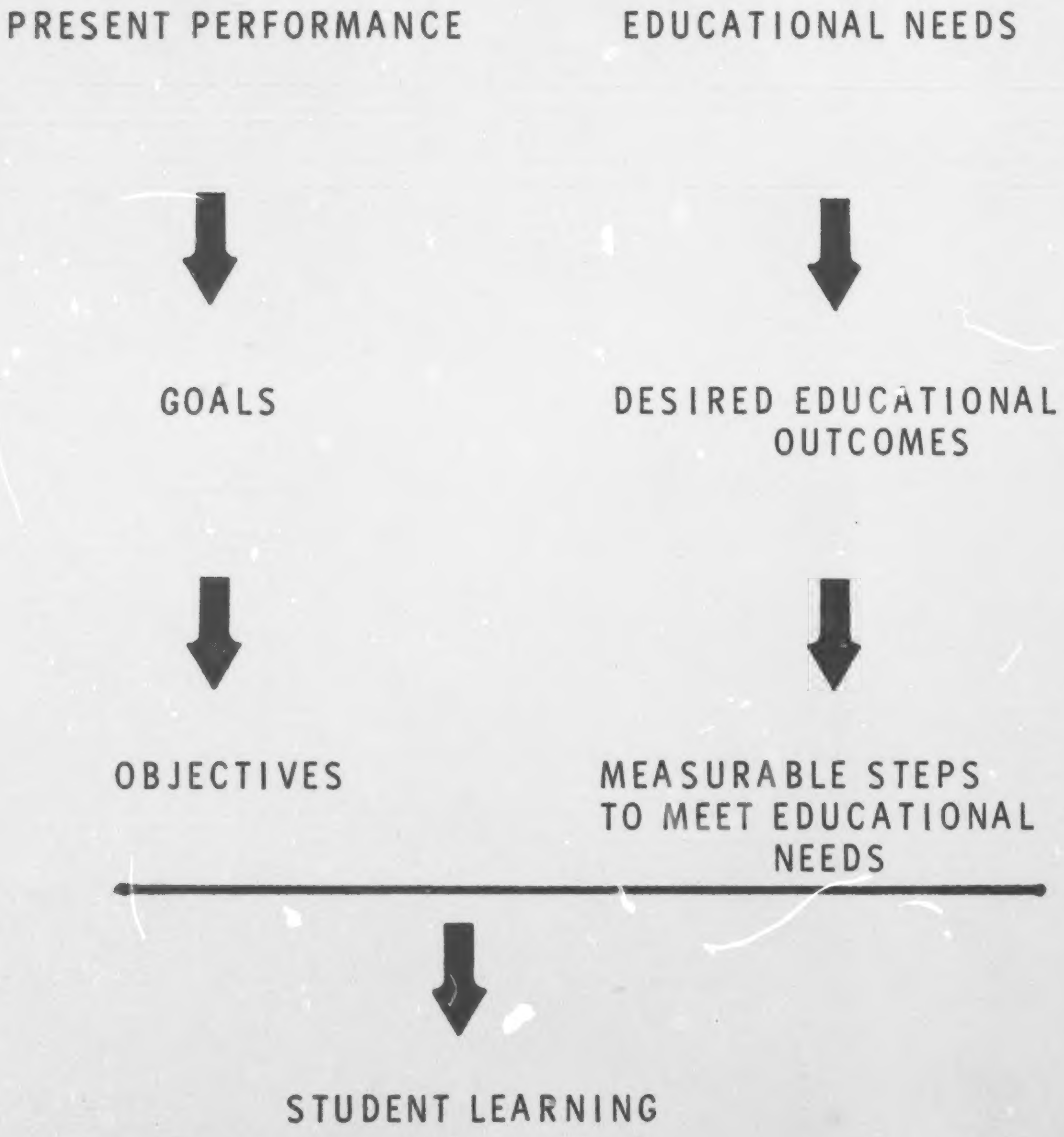
2. Be understandable to another professional

3. Be understandable to the parents

4. Consider priorities of parents and student adjustment at home

5. Be specific enough to lead to objectives

Section 4.
Transparency 5.



PRESENT PERFORMANCE

EDUCATIONAL NEEDS

GOALS

DESIRED EDUCATIONAL OUTCOMES

OBJECTIVES

MEASURABLE STEPS TO MEET EDUCATIONAL NEEDS

STUDENT LEARNING

SHORT - TERM OBJECTIVES

- relate to goals
- are measurable
  - formal tests
  - teacher or parent observation
  - anecdotal records
  - daily log
  - charts and graphs
    - student work
    - course tests
    - pre-post tests

MEASURABLE OBJECTIVE

By March 10, Jean will correctly use the verbs "is" and "are" in writing 90% of the time. Evaluation will be based on at least ten papers written in language arts.

what - correct use of "is"- "are" in written work

when - by March 10

how well - correct 90% on at least ten papers

GENERALIZATION AND APPLICATION

Given twelve color cards, the student will name the colors, red, white, green and blue, without error.

OR

Given a one-to-one situation, the student will name, without error, the color of objects that are red, white, green and blue in the school or home environment. Three objects of each color are to be located and named, when asked, "What color is this?" or "Find something that is red."

Given a list of words orally, the student will name the vowel sound present in the words. Vowels to be included are: long and short a, e, i and o. Five trials per sound will be given, and four responses are to be correct.

OR

Given an unfamiliar paragraph containing words with long and short sounds of a, e, i and o, the student will read the paragraph without the need for assistance.

INFORMATION ON SERVICES

should

- identify what, when, and how frequently
- indicate direct vs. consultant services

should not

- go beyond what will be provided

PROJECTED DATES

should

- identify when instructional services begin and end
- identify when related services begin and end

should not

- give false hopes

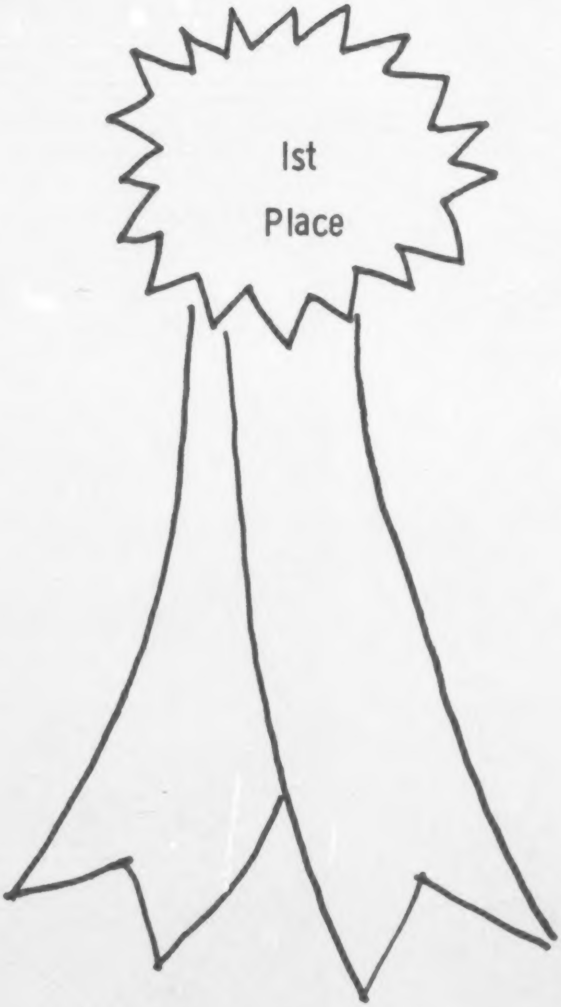
PARTICIPATION IN THE GENERAL EDUCATION PROGRAM

should

- indicate subjects or activities
- define the purpose

A QUALITY IEP

- accurately describes problem area
- pinpoints major goals and objectives
- useful management tool
- understood by parents



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Handout 1

Present Level of Performance Checklist

	Yes	No
1. Does the present level statement list strengths of the student in each problem area?	____	____
2. Does it list weaknessess of the student in each problem area?	____	____
3. Does it include statements on what the student needs to learn to do next in those problem areas?	____	____
4. Is it based on information gathered from a combination of diagnostic procedures:		
a. formal?	____	____
b. informal testing?	____	____
c. observation?	____	____
d. case history?	____	____
5. Are the instruments or processess used in the evaluation identified?	____	____
6. Does it contain statements on:		
a. instuctional methods?	____	____
b. motivational factors?	____	____
c. style of learning?	____	____
d. instuctional materials that have been used successfully or unsuccessfully with the student?	____	____
7. Is the information instructionally relevant?	____	____
8. Is it written in understandable language?	____	____
9. If there are any unresolved assessment questions, are they mentioned?	____	____

Developed by the Midwest Regional Resource Center, Drake University, Des Moines, Iowa, 50311, 1979.

Handout 2

Annual Goals Checklist

	Yes	No
1. Are the goals clear and understandable:		
a. not overly vague?	____	____
b. containing "jargon"?	____	____
c. too specific?	____	____
2. Are the goals positively stated?	____	____
3. Is there at least one goal for each area of need stated in the "level of performance"?	____	____
4. Are the goals practical/relevant to the student's academic, social and vocational needs?	____	____
5. Are the goals practical/relevant when the students' age and remaining school years are considered?	____	____
6. Are the goals prioritized correctly based on assessment findings?	____	____
7. Does each goal reflect anticipated learning of more than one behavior except for IEPs of very low functioning students?	____	____
8. Do the goals reflect anticipated growth within the subcategories of instructional areas?	____	____
9. Can the goals be accomplished within one year?	____	____

Adapted from Directions III, A Guidebook for Families, Western Los Angeles Direction Service, Inglewood, California, 1978.

Behavioral Objectives Checklist

	Yes	No
1. Is the short range objective based on the annual goal?	____	____
2. Does each objective answer the following:		
a. What must be done?	____	____
b. When, where, how?	____	____
c. Who will do it?	____	____
d. How well must it be done?	____	____
3. Is it understandable:		
a. not overly vague?	____	____
b. containing "jargon"?	____	____
c. too specific?	____	____
4. Does the objective relate to only one area, such as math?	____	____
5. Does the objective stress application of the skill in the student's environment and not just in isolation?	____	____
6. Is the procedure used to determine if the objective has or has not been met (the "how well must it be done?" statement) clear and detailed enough so other educators could construct and administer the same measure?	____	____
7. Is the procedure mentioned in #6 an acceptable procedure for gathering information?	____	____
8. Are the objectives sequenced logically?	____	____
9. Are all the objectives that the student must accomplish to meet the goal included? (This does not mean that objectives the student has already mastered must be included.)	____	____
10. Are the individual needs of your student reflected in the objective?	____	____

Adapted from Directions II, A Guidebook for Families, Western Los Angeles Direction Service, Inglewood, California, 1978.

Handout 4

9-14-79
Date Developed
May, 1980
Projected Review Date

Individualized Education Program (IEP)

Jean Diamond
Student's Name

3-27-1963
Birth Date

225-1111
Telephone

Kenneth and Edda Diamond
Parent's Name

R.R. #1, West Chester
Address

Student's Present Level of Performance:

Jean has received special education services since she was eight years of age. She is now a sophomore in the high school work-study program. During the last two years she has received counseling from the Mental Health Center. Intellectually she scores in the low borderline range of intellectual functioning. However, verbal skills are at the low average level and performance skills are at the high mild level of mental retardation. This has been assessed with the WISC-R in 1977 and scores are consistent with two earlier measures of intellectual performance.

She performs at the 10.0 grade level on the Woodcock Reading Test. This score is due to good letter identification, word recognition and word attack skills. Comfortable reading for her is at the sixth grade level. Jean has a positive attitude toward reading.

Math is an area of difficulty. Her current level is 3.6 as measured by the Key Math Test. Her computation skills on worksheets include long division with remainders and multiplication of three digit numerals with accuracy. Jean has difficulty with word problems that involve two step operations. She also has difficulty making change, approximating time, and the use of fractions in life situations.

Socially Jean is almost an isolate in school. She does not eat lunch at school or participate in physical education because of not being comfortable with groups of students. Also, her mobility is limited because she is unable to use the city bus system. She is taken to and from school by her parents and only leaves home with them. She does not attend any school or community activities.

Vocationally, Jean is ready for career exploration. Her reading has given her information on a variety of occupations. However, she is not yet able to identify her strengths and weaknesses as an employee or to identify the specific tasks within certain occupations.

Jean enjoys home economics and is successful on structural tasks in the classroom. Her attendance and attitude about school is excellent. She is dependent on directions from others and is uncomfortable in tasks where she must structure her own time or sequence her own activities. Teacher or adult approval is motivating for Jean and she enjoys being given the opportunity to assist.

Annual Goal:

By the end of the 1979-80 school year, Jean will improve her social participation in the school environment.

Short-Term Objectives:

	Beginning Date	Evaluation/Comments
1. *By the end of the first semester, Jean will eat lunch in the cafeteria with her classmates. Evaluation will be based on having fifteen consecutive days of eating lunch with classmates as recorded by teacher observation.*		
2. *By the end of the year, Jean will participate in physical education. Evaluation will be based on a passing grade from the physical education teacher, perfect attendance, and no crying for at least one grading period.*		
3. *Given special projects to select from during the year, Jean will request to stay after school and work with other students on them. This will occur at least once during the school year as recorded by the teacher.*		

Annual Goal:

By the end of the 1979-80 school year, Jean will have completed the career exploration phase of the program and be ready for vocational placement in the community.

Short-Term Objectives:

	Beginning Date	Evaluation/Comments
1. *At the end of a unit on jobs in our community, Jean will be able to list five jobs that she could apply for, the duties of those jobs, and her strengths and weaknesses in being able to do those jobs. Evaluation will include a satisfactory student notebook and interviews with the teacher.*		
2. *During the year, Jean will complete the following in the career education program conducted by the teacher:*		
a. *At least three of ten work samples (for example, food preparation, carpentry, sales, etc).*		
b. *A job preference survey followed by a conference with the vocational rehabilitation counselor.*		
c. *At least three explorations of jobs in school or in the community. This will involve at least ten hours helping someone in each job and having a conference with the teacher afterwards.*		

3. During the last quarter of the year, Jean will develop a list of at least three jobs along with a description of the salary, requirements, and duties for each job. These will be jobs that she would like to try in the community and will be judged by the parents and teacher as ones that will be appropriate for possible job placement in the fall of 1980-81.

Annual Goal:

By the end of the 1979-80 school year, Jean will improve her ability to use mathematics in situations that require application.

Short-Term Objectives:

	Beginning Date	Evaluation/Comments
1. *Using real money, Jean will be able to count out the correct amount for items costing less than $1.00 and between $1.00 and $10.00. Evaluation will be done in the classroom with criteria of ten out of ten correct for counting change less than $1.00 and ten out of ten correct for items costing between $1.00 and $10.00.*		
2. *Given pictures of common items such as records, blouses, sweaters, theater tickets and food items, Jean will verbally state the approximate cost of each item. Criteria will be teacher evaluation based on reasonableness of estimate. At least twenty different items will be covered in the assessment and Jean will identify fifteen correctly to teacher satisfaction.*		
3. *While at the shopping center with parents, Jean will, when provided a list of one or two items to purchase, make the purchase independent of parental assistance. Parents will wait outside of the store and Jean will return with the correct item and the correct amount of change. Parents will evaluate Jean's ability to do this based on Jean having at least ten opportunities to do this during the second semester.*		

Annual Goal:

By the end of the 1979-80 school year, Jean will increase her mobility skills and utilization of community services and social activities.

Short-Term Objectives:

	Beginning Date	Evaluation/Comments
1. *With assistance from the teacher Jean will learn to ride the city bus from the bus stop to her home and return. Evaluation will be based on her ability to ride the city bus to and from school for at least 20 days during the year.*		
2. *Jean will learn to take the bus from her home to the shopping center independently. At least two times during the year she will take the bus during the day to the center. Instruction will be provided by the teacher. Evaluation will be done by parent reports.*		
3. *During the year, Jean will participate independently in after-school activities or community activities with a friend. This might be movies, school plays, or athletic events. Parents will not sit with the students. This will be done at least five times during each semester.*		

4. *Given the newspaper schedule for movies, Jean will verbally indicate the time she would need to leave her house to get to the movie ten minutes before show time. Jean will do this correctly without error when asked for five consecutive weeks with varying movie times.*

5. *Given word problems that involve two operations and having one distractor, Jean will correctly solve the problems. She will also be able to tell why the distractor is not important to solve the problem. A pre-post test will be used and she will get at leat 90% of the problems correct.*

6. *Given instruction on fractions, Jean will be able to identify the fractions of 1/4, 1/3, 1/2, 2/3, 3/4 in applied situations such as measuring liquids, single linear measurement, or division of objects. A pre-post test will be used and 90% accuracy will be required. Reports from the home economics teacher will also be sought.*

Special Education and Related Services:

1. *Special Education Class for educable mentally handicapped students.*
2. *Conferences with School Rehabilitation Counselor starting second semester.*

Description of extent to which the student will participate in regular education program:

Jean will participate in home economics, the basic literature class and study hall. Physical education will replace study hall as soon as is possible. Requirements in home economics and literature will be adjusted for Jean. She will also participate in a regular homeroom, all assemblies and have the opportunity to participate in any after school activities.

The following persons have participated in this IEP conference:

Name	Position	Date
Mr. Wilson	*Teacher*	*9-14-79*
Mrs. Dimond	*Parent*	*9-14-79*
Mrs. Gray	*Work-Study Coordinator*	*9-14-79*
Mr. Hanson	*Vice-Principal*	*9-14-79*

ACTIVITY 5: "Fulfilling the Promise"

Purpose: To provide parents and educators with information about the basic components of P.L. 94-142 that relate to developing an IEP.

Audience: Parents and educators.

Time Required: Twenty-five minutes.

Materials:

- Filmstrip projector
- Filmstrip and tape:
  "Fulfilling the Promise"
  Available from:
  Council for Exceptional Children
  1920 Association Drive
  Reston, VA 22091

  Note: This filmstrip may be available from the Arkansas Department of Education, Special Education Services.
- Screen
- Tape player

Procedures:

A. Before the Activity

  1. Preview the filmstrip.

B. Implementing the Activity

  1. View the filmstrip.
  2. Encourage questions or comments.

ACTIVITY 6: "The First Steps"

Purpose: To present information on how components of the IEP are developed.

Audience: Parents and educators.

Time Required: Twenty-five minutes.

Materials:

Filmstrip projector
Filmstrip and tape:
"The First Steps"
Available from:
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Note: This filmstrip is available from the Arkansas Department of Education, Special Education Services.

Screen
Tape Player

Procedures:

A. Before the Activity

1. Preview the filmstrip.

B. Implementing the Activity

1. Explain that this filmstrip shows how assessment information is used to develop the IEP.
2. View the filmstrip.
3. Encourage questions or comments.

SECTION 5

The Team: Parents and Educators Working For Handicapped Students

Objective: To provide parents and educators with the skills to work more effectively as a team.

Contents: Page

Activity 1: "Roles and Responsibilities of Parents and Educators" lecturette........ 185

Activity 2: Barriers and Strategies for Effective Parent Involvement.................. 205

Activity 3: Helping Parents and Educators Prepare for an IEP Conference............... 207

Activity 4: IEP Simulations.............. 215
- Kerry - elementary........ 220
- Jim - secondary........... 244

Activity 5: "Individualized Educational Programming" filmstrip....... 264

For additional information please read Section 3, Parents and the Team Approach, Section 6, Parents and the Annual Review, and Section 7, Resolving Conflict with Parents, in Establishing the School-Parent Relationship in Special Education, Jerry Caster, Midwest Regional Resource Center, Des Moines, Iowa, 1979.

ACTIVITY 1: "ROLES AND RESPONSIBILITIES" lecturette

Purpose:	To provide parents and educators with information about their roles and responsibilities on the education of the handicapped.
Audience:	Parents and educators.
Time Required:	Thirty minutes.
Materials:	Lecture notes Overhead projector Screen Transparency pens Transparencies 1 - 6

Procedures:

A. Before the Activity

1. Use the lecture notes to familiarize yourself with content and develop a presentation.

2. Transparencies have been provided that correlate with the material. One star (*) indicates a transparency is put on the projector. Two stars (**) indicate a transparency is removed.

B. Implementing the Activity

1. Emphasize the concept of parents and educators as equal partners working together as a team in the educational planning process.

2. Conclude with questions and comments.

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ROLES AND RESPONSIBILITIES OF PARENTS AND EDUCATORS

In 1975 the whole world of education changed for handicapped children. That was the year Congress passed the Education For All Handicapped Children's Act, P.L. 94-142. The law accomplished two major things. First, it guaranteed handicapped children the legal right to a free, appropriate public education. Secondly, it required that certain procedures, or due process, be followed to insure that appropriate services are provided. The attempt at achievement of these two milestones have been accompanied by some significant by-products. The by-products are more specific and more defined roles and responsibilities for parents and educators. That is what we will discuss today - roles and responsibilities associated with P.L. 94-142.

In discussing roles and responsibilities, we must go beyond the law itself. We must go to the Federal Register and the regulations that were developed to provide guidance for the implementation of P.L. 94-142. The development of rules and regulations to interpret law is common practice in government. Rules and regulations must go through steps that permit public reaction. Once rules and regulations are adopted, they have the force of law. While the law was passed in 1975, the regulations were not finalized until August of the following year. I mention the regulations because it is the official reference provided to school districts to guide implementation of the law. When different interpretations of specific requirements exist, state laws

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or regulations, additional federal interpretation, or court cases are all methods of determining which interpretation is correct. For our purposes, when I refer to P.L. 94-142, I am really talking about the Rules and Regulations of that law.

The responsibilities of the school, or local education agency as they refer to it, are rather defined. Roles of different professionals, typically are not. It is the school or local education agency (LEA) who is responsible for educating the child; thus, it is the school that has the responsibility. Naturally, the responsibility is delegated to appropriate staff members to carry out. For all practical purposes, the responsibilities of parents are not addressed by the law. The reason for this is that the law was passed to define and govern the activities of schools, not parents. Parents of handicapped children have the same responsibilities as all parents. These are covered under compulsory school attendance laws, child abuse laws, and other requirements of society. It should also be mentioned that government requirements constitute minimum requirements for professional practice. They are not intended to address what is optimum professional practice. Hopefully, the presence of requirements will not cause professionals or parents to be satisfied with minimums.

(*1) Let's turn now to the specific responsibilities of the school as it relates to serving handicapped children. The school is responsible for identifying and locating handicapped children. This is not just identifying the obvious. It includes having a specific plan so that handicapped children are sought out so they can be served. The school is also responsible for conducting an appropriate evaluation of the handicapped children identified. This includes having a multidisciplinary team approach as opposed to one person independently making the decisions based on a single criterion. Team composition varies but will usually involve, in addition to teachers some of the following as appropriate for the child: psychologist, nurse, speech clinician, social worker or occupational or physical therapist. Appropriate evaluation also means sensitivity to the cultural and language background of children so any assessment is fair to the child. Assessment in a child's primary language is a part of such sensitivity, as well as the selection of tests. Once children are identified as needing special education services, the school is responsible for providing appropriate special education services. This may be accomplished by providing them in the local district. Where this is not possible, the district is still responsible for seeing that appropriate services are provided. This might be done through a cooperative program involving many districts or the district purchasing the services from a private agency. Very clearly, the law indicates that the cost of education is not to be paid for by the parents. It is the responsibility of the school. The service or educational program offered is to serve the student in the least restrictive environment. That is, the student is to participate in the program of regular education wherever appropriate to him or her, and he or she is to be removed from that only to the extent necessary. (**1)

Once students are determined to be in need of special education services, placement within thirty days is required. Also, (*2) at the time the child is placed an Individualized Education Program (IEP) must have been developed. The IEP is a written document that describes the special education services the student is to receive. It includes, among other things, the specific goals and objectives for the special education service. These goals and objectives within the IEP must be evaluated periodically. This is the requirement for the annual review. The school is specifically required to evaluate the IEP periodically, and it must be done at least annually. This is generally interpreted to mean either at the end of the school year or every twelve months. It is obvious that the authors of the law had a concern about possible misplacement or the needs of students changing but going unrecognized. That is why a comprehensive three-year re-evaluation is necessary. While the specifics of the three-year re-evaluation are not clearly spelled out, probably because they would vary between children, it is commonly interpreted to mean that the same dimensions looked at initially should be reviewed to re-establish the needs of the student. (**2)

These seven items make up the major responsibilities of the school, as it relates to appropriate education of handicapped students. Let's review them: 1) Identifying handicapped children, 2) Appropriate evaluation, 3) Provide appropriate evaluation, 4) Service in least restrictive environment, 5) Development of IEP, 6) Annual review of IEP, 7) Comprehensive re-evaluation. (**3.0) However, there is one responsibility that cuts across all of these. That is the responsibility of the school to parents of handicapped children. The school must provide parents every opportunity, by law, to be involved in the evaluation, placement, IEP and annual review process of their child.

The rules specifically state that "each public agency shall take steps to insure that one or both of the parents are present at each meeting or are afforded the opportunity to participate." This means that when school personnel meet to discuss the results of the evaluation, the appropriate type or types of special education services needed, the goals and objectives that should be in the IEP, and the review of progress in the annual review, the parents must have the opportunity to participate. Token attempts to involve parents are unacceptable. It is explicitly stated that the school must notify parents early enough so they can attend, and also schedule meetings at a time and place convenient for the parents. If parents do not speak English, or if they are deaf, it is the school's responsibility to provide an interpreter.

Sometimes parents cannot attend or choose not to attend. If that is the case, the school must try to share the information with them, usually by telephone conversations or home visits. In the event that parent participation just cannot be arranged, it is the school's responsibility to document their efforts to try to involve the parents. This would include notes of telephone conversations and copies of correspondence. That is why on some forms, such as the IEP, someone will have written, "parent unable to attend," or"telephone conversation held." It is an attempt to meet the documentation requirements when parents are unable to participate in a meeting.

There are (*3) three other requirements of the school that are important to parents. The first is the requirement that student records be kept confidential. This means that they cannot be released to anyone outside the school without the parents' or student's permission. It also means that only individuals in the school who have some educational need for the information have the right to see the student's records.

The second responsibility is that the school must permit parents to see the records of their children when requested. This does not mean that a parent can go in unannounced and see the records. But, arrangements must be made within a reasonable amount of time of the request for parents to see the records. Parents also have the right to challenge any information in the records that they believe to be false. If the school feels the information is correct, the parent has the right to have their views inserted into the school records.

The last responsibility is to provide the parent information on the due process steps. These are the steps that the parent can take to appeal the decision of the school if the parents disagree with the evaluation, the placement recommendation, the IEP or anything else related to education of their child by the school. P.L. 94-142 has created a process so that a neutral party can review information and make a decision if parents and the school are not in agreement. It is the school's responsibility to make sure that parents know how to get to the neutral party when they disagree with the local school. (**3)

We have reviewed the responsibilities of the school under P.L. 94-142. There may be a few more, but these are the major ones. It is obvious that the intent of the legislation is to insure that handicapped children are educated, and parents have the chance to be involved. At a minimum this would mean that parents are informed about the nature of their child's handicap, the type of instructional service provided, the purpose of the instruction, and the progress made after instruction. However, if our purpose is to go beyond the minimum and have more happen than just information pass from the school to the parent, more must be done. Parents and educators must assume responsibilities that are not described in P.L. 94-142.

To consider what some of these roles and responsibilities are requires a definition of our purpose. I think that we can agree that the purpose is a quality education for the child. If that is to happen, the involvement of the parent must be one of action not silence, and must be based on understanding and not just acceptance. There is ample evidence to support the importance of home support to the achievement of children, all children, not only handicapped children. By working together we can increase the contribution of the home to the child, and parents can help the school to increase its contribution to the child.

With that as a frame of reference, let's look at some of the informal responsibilities not described in P.L. 94-142 that the school has to the parent. (*4) The first responsibility must be in making parents comfortable, comfortable emotionally as well as physically. This is not an easy task when you consider the natural anxiety associated with having a child who is experiencing school difficulties. Parents may feel uneasy being surrounded by experts and hearing their child's program discussed. Yet, it is the responsibility of these educators, who are probably strangers, to make the parents feel at ease, to feel that everyone is truly concerned about their child, and that they will work with the parents to help the child. This is a tough task because of the feelings involved in having a handicapped child. But, it is the typical introduction that most parents have to special education. The attitudes of parents, when they leave that first meeting, will carry over to future meetings.

As educators work with parents, they must watch the jargon. There are many terms which are peculiar to special education. Some of these have different meanings and may even be offensive to the parent. For example, the term "handicap", unless explained as used in education, will be a shock to parents who have never viewed their child as having a "handicap". Terminology needs to be explained so parents can understand.

A third responsibility is to involve the parent. Parents who just sit without comment are not involved. They have important information to contribute and school personnel must help by asking key questions.

Associated with this is the responsibility to listen to the parents. Parents must feel that what they say is taken seriously, that their information is considered along with that provided by the experts.

The next responsibility may be one that surprises some of you. It is the responsibility to compromise with parents. Sometimes parents may wish to try something that educators feel won't succeed. However, if it is feasible and will not be harmful to the student, it should be tried. Generally, parents will not be fully supportive of the strategy selected if they really wanted something else tried. Their support is important, and if what they suggest does not work, the other strategy can be used later.

Educators must also respond to the uniqueness of parents. Parents and families differ as much as do handicapped children. They cannot all be treated in the same way. Some need little support, others need a great deal. The ability of educators to respond to these individual needs and uniqueness may be the key to establishing a good working relationship with parents. (**4)

While parents may not have responsibilities spelled out in P.L. 94-142, they do have them if they are to be meaningfully involved in their child's education. Parents have to (*5) want to be involved. They must let the school know that when their child's program is discussed that they want to be part of the team. They must communicate through their actions that education is important and they are an advocate for their child. Involvement and being part of the team is *not* communicating that they expect final say on everything. That attitude is counter-productive and does not bring about cooperation. Just as professionals must watch the jargon, parents must ask for explanations. Professionals aren't mind readers. Even when they try to communicate, they can't always know when a term or expression is not understood. Parents also must want to contribute, to provide input. Parents have the obligation never to leave a meeting feeling that there was something they should have said or asked. It is part of their responsibility as an advocate for their child. That goes along with the responsibility to be honest. It is unfair to professionals for parents not to share their feelings. They should challenge and disagree, if that is how they feel. Not to do so leaves important issues unresolved. Usually such feelings do not go away, they grow into discontentment that prevents a real working relationship from ever developing. Honesty is openness, not unkindness or rudeness, or questioning the intentions of professionals. Parents must also be willing to compromise. What the parents want may not be feasible. They should also be sensitive to the opinions of professionals. Where everyone else, except the parents, believes in a specific course of action, it must be given consideration because the educators know the workings of the school. They know the school environment and how children function in it. Educators are also advocates for the child.

If parents disagree, and an acceptable compromise isn't possible, they have the responsibility to use the system. A process has been created to independently review information when a disagreement exists. Sometimes what is desired by the parent is appropriate, but the educators directly involved do not have the resources available to provide it. The appeal process could make it happen. However, parents and educators have the responsibility to try to resolve any problem in the simplest manner in a positive way. No one benefits if a personal confrontation occurs, and lasting hostility develops. After the battle is over, everyone still has to work together. (**5)

(*6) Parents and educators have a shared responsibility to make a team approach happen. This is done in a number of ways. Parents can help by requiring educators to be specific when discussing educational problems. Parents can help by asking such questions as:

1. Is the problem seen in all situations? If not, why?
2. What has been attempted so far to improve the situation?
3. Could there be other causes for the problem?
4. What options exist to improve the situation?

A true team approach also means one additional question from parents. It is, "What can we do to help!"

Educators can help parents become a part of the team. Parents can be helped to contribute by being asked questions such as the following:

1. Has the problem been observed at home? or, in the child's relationships with neighborhood friends?
2. How does the child see himself or herself?

3. Has the child mentioned anything at home that indicates problems at school? What does the child say about school?

There is another question for educators, too. That is, could the parents help at home by providing practice, by praising when positive notes are sent home, by ignoring certain things, or whatever would fit the situation.

Ongoing involvement between parents and educators must take place. This might be seen in such things as volunteering, providing practice on skills at home, keeping the teacher informed about changes in the adjustment or attitude of the student as seen at home, giving the student the chance to share at home about school activities, or just attending school functions, including conferences. It would always vary from family to family. Regardless, to the child this means that the parent cares about how he or she does at school. That is important to learning!

Parents can't be involved without help from the school. It is usually the teacher who makes this happen. There must be a willingness on the part of the school to communicate to parents, to keep them informed about what is taking place. Telephone calls, notes home, or home visits are common ways of keeping parents informed. When parents are kept informed about activities that are occurring at school, they are in a better position to lend support and to get involved. The atmosphere that is desired is one where either the teacher or the parent feels free to contact the other, to ask for information, to provide information, or to seek help. When that occurs, the teacher and the parent are able to maximize learning!

We have discussed the responsibilities of educators and parents. The responsibilities defined are primarily those related to insuring that safeguards exist so that handicapped children do receive an appropriate education and that parents are informed about their child's needs and the purposes and effectiveness of instruction. Those are responsibilities that are easy to review to see if the school has performed correctly. At the same time, I have tried to identify other responsibilities which are not specified and which are more qualitative in nature, responsibilities that exist for both the educator and parents.

If we limit our sights to only the legally required responsibilities, we will only be doing the minimum. That is not what parents or educators want now, or what either group has ever wanted or worked for. (**6)

LOCAL SCHOOL RESPONSIBILITIES

- identifying handicapped children
- appropriate evaluation
- provide appropriate education
- service in least restrictive environment

LOCAL SCHOOL RESPONSIBILITIES

- development of IEP
- annual review of IEP
- comprehensive re-evaluation

OTHER RESPONSIBILITIES INCLUDE

- keep records confidential
- parent access to records
- inform parents of rights and due process steps

EDUCATOR RESPONSIBILITIES TO PARENTS

- make parents comfortable
- watch the jargon
- involve parents
- listen to parents
- compromise
- respond to individual differences

Section 5.
Transparency 5.

PARENTS RESPONSIBILITIES TO EDUCATORS

- want to be involved
- ask for explanations
- provide input
- be honest
- compromise
- use the system

TEAM APPROACH

IS A

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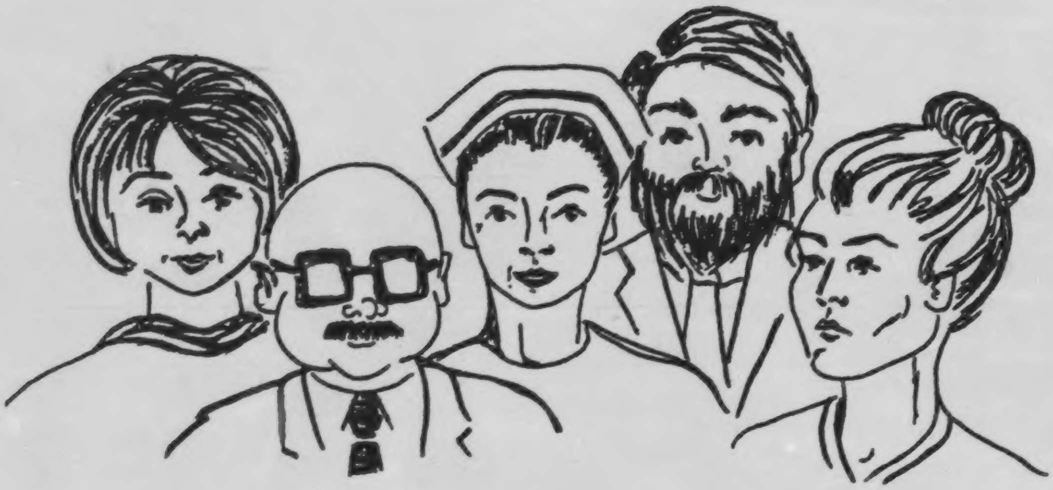

SHARED RESPONSIBILITY

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ACTIVITY 2: BARRIERS AND STRATEGIES

Purpose: To provide parents and educators the opportunity to analyze barriers to parent involvement and identify possible solutions.

Audience: Parents and educators.

Time Required: Thirty minutes.

Materials:

- Newsprint
- Markers
- Overhead projector
- Screen
- Transparency pens
- Tape

Procedures:

A. Before the Activity

1. Be sure that participants have been through Activity 1, or have the level of background to complete this activity.

2. Brainstorm a list of possible barriers to parental involvement and identify solutions that you may suggest to groups that are having difficulty identifying solutions.

B. Implementing the Activity

1. Divide the audience into groups. The groups may be between four-six members in size.

2. Explain to the groups that the purpose of this activity is to identify ways that educators and parents can become active members of the educational team. It consists of two parts. First, identify what you feel are the barriers or obstacles to active participation in a placement meeting or in writing the IEP. Take about eight minutes for this. Once that is done, identify strategies that could be used to overcome these barriers. Try to come up with as many solutions as you can. You will be given ten minutes for this.

3. Ask the groups to have one person serve as the recorder for the barriers and one person serve as the recorder for the strategies to overcome the barriers. At the end of the time, we will want to share the barriers and the strategies as a total group.

4. Distribute two sheets of newsprint and markers to each group. One is for barriers, the other for strategies.

   Remind the group after eight minutes to begin to identify strategies that might overcome the barriers.

   After eight minutes, indicate that they have another two minutes to finish identifying their strategies.

   Get the attention of the total group. Re-orient them to the procedure, i.e., you will identify the barriers and then review their proposed solutions as a total group.

5. List barriers on blackboard or overhead projector from the groups. Then list strategies on blackboard or overhead projector from the groups. This will take ten to fifteen minutes, depending on the number of groups. All barriers and strategies do not need to be listed.

6. Summarize:

   "The barriers to effective parent involvement are numerous. But, there are strategies to overcome them. Our biggest task is to identify the barriers so we can overcome them and then to provide the support to one another so that actually overcoming them is a priority. Just because it is a difficult task does not mean that we can't accomplish it if we want to."

ACTIVITY 3: HELPING PARENTS AND EDUCATORS PREPARE FOR AN IEP CONFERENCE

Purpose: To teach parents and educators what types of information they can bring to an IEP meeting.

Audience: Parents and educators.

Time Required: Thirty minutes.

Materials:

Overhead projector
Screen
Blank transparencies
Transparency pens
Handout 1
Handout 2

Procedures:

1. Divide the audience into groups. Groups may be two, three, or four. Provide transparencies and pens, and ask each group to select a recorder.

2. Explain to the group that the purpose of this activity is to identify ways that educators and parents can be helped to provide information during the IEP process. State that groups will be given a description of a student and will be asked to identify questions that could be asked to get useful information. You will be given 10 minutes to develop your list of questions. Then we will review them together.

3. Assign one situation per group from the list below. Add situations as needed, or have more than one group respond to the same situation.

   a. A seventeen year old educable mentally handicapped girl.

   b. A nine year old learning disabled student in a resource program.

   c. A six-year old emotionally disturbed boy.

   d. A twelve year old boy with mild cerebral palsy.

   After ten minutes have group sharing. Each recorder presents the report using the transparency. If the overhead is not used, paper could be substituted for the transparencies, and sharing could be done from their seats.

4. Following the group sharing, ask the participants if parents could respond more effectively if they were aware of the questions ahead of time. Ask how this could be done. (The response may be a telephone call, a questionnaire, or a letter.)

5. Distribute Handout 1 and ask participants to take eight minutes to read.

6. Ask if there are any questions.

7. Summarize by stating that strategies are available for involving parents. The key is to develop them and use them, always individualizing when need be for the parent.

Questions Each Team Member Should Be Prepared To Answer At The IEP/Placement Meeting

A. The Administrator

The administrator should be prepared to address these questions:

1. What has been done for the student prior to the special education referral? That is, can the multidisciplinary team document that all alternatives which do not require labeling have been exhausted? The answer to this question should be addressed in the referred student's educational history. For example, if the student is being referred because of a reading problem, has a reading specialist worked with the student to alleviate the problem prior to referral? Another example would be for a student with a behavior problem. Has an attempt been made to resolve the problem by developing a behavior management program in the student's current placement?

2. Has the necessary information been gathered to make a decision to label? An administrator must be aware of all legal and technical requirements for information. He/she must be sure all required data is available and complete. If it is not available, then the decision could be delayed.

3. Have all the procedural requirements been met? For example, have the parents or an eligible student been given an opportunity to see the information from which a decision will be made, has due process been given and are timelines in order?

4. What are the actual limits of the educational program? An administrator must know the strengths and weaknesses of various programs. He/she should be prepared to help the team justify their placement decision based on knowledge of what can and cannot be done by given programs.

B. The General Education Teacher

When a student is referred by a classroom teacher, that teacher must be ready to provide an educational history and a justification as to why the student needs to receive special services. Some of the questions the classroom teacher must be prepared to answer are:

1. What has been done for the student prior to the special education referral? What instructional materials and alternative strategies have been tried?

2. What is the frequency of the presenting problem?

3. Does the problem affect all aspects of the learning process?

4. Is the presenting problem chronic?

5. How intense is the presenting problem?

6. How does the student relate to his/her peers?

7. Are there physical problems?

8. How is the learner's need affecting the rest of the classroom?

9. What have the goals and objectives for the student been?

Some of these questions would be difficult for the classroom teacher to answer alone. Cooperation and support in answering these questions should be available from special education staff.

C. The Special Education Teacher

Often, the special education teacher is unaware of the referred student's needs. He/she is present because of knowledge in working with similar students. The special education classroom teacher might ask:

1. What are the specific characteristics of the learner?
    a. What is reinforcing and punishing to the student?
    b. What is the student's learning rate?
    c. Specifically, what can the student do?
2. What is the special education classroom like? An answer to this question should be supplied by the special education teacher:
    a. What are the general goals and objectives for students in the special education class?
    b. What kinds of materials are used?
    c. What sort of support services are available?
    d. How and when are students reintegrated into general education classroom settings?

It should be noted that the special education teacher may be classroom based or act as a consultant. Questions may vary depending on the special education teacher's assignment. Also, the special education teacher may be referring a student for a different service. In this case, he/she must take the role of the regular class teacher.

D. The School Psychologist

Normative information is very useful in understanding a student's needs. It should be the primary role of the school psychologist to provide such information. Sometimes, the school psychologist is seen as a person who simply gives standardized tests like I.Q. tests. This is a very limited view of how a school psychologist can contribute to a multidisciplinary team. Some helpful questions are:

1. What are the referred student's potentials?
2. How does the referred student compare to his/her age peers?
3. Does the student tend to learn better when approached in a certain manner?
4. Does the student appear to be an underachiever?
5. Does the student's various learning senses appear to be intact?

E. The Speech and Language Therapist

Questions regarding the language development of a referred student are obviously important. Equally important are questions about the language environment of the learner. Both types of questions are listed below.

1. Does the student have normal receptive language skills?
2. Does the student have normal expressive language skills?
3. Are the student's hearing and oral mechanisms normal?
4. Does the student have problems with multiple directions?
5. Is the language being used in the classroom geared to a level that the student can understand?

As a general observation, it should be noted that speech production problems are visible problems. Language problems tend to be more subtle. Questions about a referred student's language may often provide a key to his/her learning needs.

Adapted from Considerations Involving the Multidisciplinary Team, Dr. Time Crowner, Kalamazoo Public Schools, Kalamazoo, Michigan, 1979.

INFORMATION TO SHARE AT THE IEP MEETING (1)

NAME ______________________ DATE OF MEETING ______________

STUDENT'S NAME ______________________

1. HEALTH OF STUDENT(MEDICATION RESULTS, CHANGE IN BEHAVIOR):

2. FAVORITE INTERESTS/TALENTS OF STUDENT:

3. ACTIVITIES AT HOME THAT STUDENT DISLIKES:

4. FRIENDS:

5. ATTITUDES TOWARD SCHOOL(LIKES/DISLIKES):

6. CHANGES AROUND HOME:

QUESTIONS TO ASK AT THE IEP MEETING (2)

NAME ______________________ DATE OF MEETING ______________________

STUDENT'S NAME ______________________

1. SCHOOLWORK:

2. SOCIAL:

3. HEALTH:

4. GENERAL (transportation, cafeteria, home, etc.):

Parent Information and Resource Project, Roger Kroth, University of New Mexico, Albuquerque, New Mexico, 1979.

CONCERNS TO SHARE AT THE IEP MEETING (3)

NAME ______________________ DATE OF MEETING ______________________

STUDENT'S NAME ______________________

1. STUDENT'S WEAKNESSES THAT ARE YOUR MAJOR CONCERN:

2. SPECIAL HELP YOU WISH FOR YOUR CHILD:

3. SPECIAL HELP YOU CAN OFFER:

4. COMMUNICATION ARRANGEMENTS BETWEEN SCHOOL/HOME ON CHILD'S PROGRESS:

ACTIVITY 4: IEP SIMULATIONS

Purpose: To provide parents and educators the opportunity to practice participating in an IEP meeting and developing an IEP.

Audience: Parents and educators.

Time Required: One hour and thirty minutes.

Materials:

Completed IEP
Blank IEP
Simulation materials(roles)
Transparency 1
Blank transparency
Transparency pen
Overhead projector
Screen

Procedures:

A. Before the Activity

1. Read through the script and the simulation materials to familiarize yourself with content.
2. Duplicate the simulation materials for participants and assemble in packets for each group.
3. You will have to duplicate the appropriate blank IEP to include in the packet.

B. Implementing the Activity

1. See facilitator notes that follow.
2. Conclude by distributing a completed IEP using the same form as the participants did if possible. Ask the participants to look over the IEP and see if they have questions. Explain that this is not a "perfect" IEP, it's just how someone else developed an IEP for this student.

NOTE:

It has been the experience of facilitators that some participants may be anxious about being asked to take a role in a simulation activity. This may occur for two reasons:

1. When participants are given "too much" information to review before being asked to role play, they do not have enought time to assimilate the information.
2. Participants cannot successfully role-play a staffing without being taught the necessary skills first. Before conducting a simulation, the participants need to be familiar with the agenda for an IEP meeting and roles of various IEP team members, and need to be able to develop components of the IEP.

FACILITATOR NOTES

Simulations: Parent/Educator Involvement in the IEP Meeting

1. How many of you have participated in an IEP meeting? Were there parents present? Did the parents actively participate in the meeting? Did the educators actively participate?

2. We know when parents and educators function as active and cooperative members of the team, that better instructional decisions can be made for the child. As members of IEP teams, we need to know what to do to encourage this important parental involvement.

3. Let's 'brainstorm' some suggestions for encouraging active participation at our IEP meetings.

(PUT TRANSPARENCY 1 ON THE OVERHEAD AND RECORD THE GROUP'S RESPONSES).

4. What are some ideas prior to the meeting that members of a team might use to encourage parent involvement? What about educator involvement?

5. What about at the meeting? Any others?

6. After the meeting, are there any ideas to keep the parent involved? Others?

7. These suggestions you brainstormed would certainly encourage good parent and educator involvement. In fact, if we practiced all these ideas, we would actually encourage active and cooperative participation from all our team members.

8. I am going to leave these ideas up, so that we can refer to them in our next activity.

9. In this activity we are going to role play an IEP meeting in which a parent is participating. As members of an IEP team, you will want to keep these ideas in mind, so that you encourage active and cooperative parent participation at the meeting.

10. In a few minutes I will ask you to get in groups of ____. After you are in your groups, I will pass out a packet to each group. In each packet there is information on a particular child and the different roles of the IEP team members. Quickly decide on the roles you each will play, then read the information provided for your role. Please be sure you don't take a role for a position that you already function in. In otherwords, if you are a general education teacher don't take the general education teacher's role.

11. You will have one hour for this activity. Are there any questions?

(DIVIDE THE GROUPS AND PASS OUT THE PACKETS. EXPLAIN THAT THEY WILL NEED TO COMPLETE THE BLANK IEP. CALL THE GROUPS BACK TOGETHER AGAIN WHEN ONE HOUR HAS ELAPSED).

12. Let's hear from the observers now, to see what they discovered in their groups. Any volunteers?

(RECORD OBSERVER COMMENTS ON BLANK TRANSPARENCY).

13. Are there any other ideas that any of the team members would like to add from your experience in this role play? Did you find that when you tried some of these ideas, were they effective in involving the parent? Are there some here that you had not tried before as an attempt to involve parents? Would you be inclined to try them in a real IEP meeting.

(FACILITATOR SHOULD CHECK WITH PARTICIPANTS TO SEE IF THEIR BRAINSTORMING IDEAS WOULD BE SOMETHING THEY WOULD LIKE TO HAVE TYPED UP AND DISSEMINATED).

ACTIVE AND COOPERATIVE PARENTAL INVOLVEMENT

BEFORE THE MEETING	AT THE MEETING	AFTER THE MEETING

KERRY SIMULATION MATERIALS

DIRECTIONS

(Provide one copy for each participant.)

1. Review the information given to you regarding your role and the particular child. Familiarize yourself enough with the information, that reading is not necessary.

2. Try to make the meeting as real as possible.

3. Be brief. As you study the information, think about how you can summarize and highlight the student's strengths and weaknesses. Remember, each person holds important information to share.

4. Help the chairperson keep the group on task and moving.

5. Avoid using confusing and ambiguous terms.

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PARENT: MRS. LYNDA RAND

1. You are Kerry's mother. Kerry is an eight-year-old, second grade girl. She is your only child, and you are a single parent.
2. Mr. Roberts, the school principal has contacted you about a meeting concerning Kerry. As Mr. Roberts explained, this meeting is for sharing information about Kerry and planning an instructional program for her.
3. To help you prepare for this meeting, you talked to Kerry about her feelings towards school (subjects, classmates, teachers, etc.) and filled out the forms Mr. Roberts mailed you. Although Mr. Roberts had also suggested you visit your child's classroom before this meeting, you were unable to get off work to do so.
4. Although you feel a little nervous, you are looking forward to this meeting. You feel you are prepared to participate in this meeting.

Parent

September 14, 1978

Dear Mrs. Lynda Rand,

I enjoyed speaking with you yesterday on the phone. I am looking forward to our meeting on October 3, 1978 at 4:00. I am planning on the meeting lasting about one hour.

As I memtioned, the purpose of this meeting is to share important information about Kerry and plan an instructional program for her. Mrs. Pohlson the Resource Teacher (who has done the testing), Mrs. Horn,Kerry's Second Grade Teacher and myself will meet with you.

We believe your participation in this meeting is most important. To help you prepare for this meeting, I suggest the following:

1. Talk to your child about school, classmates, teachers,etc.
2. Visit your child's classroom before this meeting
3. Complete the enclosed forms and bring them with you to the meeting.

If you have any questions about this meeting, please call.

Sincerely,

Mr. Ed Roberts

Mr. Ed Roberts

Parent

INFORMATION TO SHARE AT THE IEP MEETING (1)

Mrs. Lynda Rand
NAME

October 3, 1978
DATE OF MEETING

Kerry
STUDENT'S NAME

1. HEALTH OF STUDENT(MEDICATION RESULTS, CHANGE IN BEHAVIOR):
good, physical Sept. 11, 1978
no medication, no hearing or vision problems

2. FAVORITE INTERESTS/TALENTS OF STUDENT:
watching t.v.
drawing and coloring

3. ACTIVITIES AT HOME THAT STUDENT DISLIKES:
outdoor activities such as rope jumping and baseball
recreational group

4. FRIENDS: mostly adults - relative (one second grade cousin). no children in neighbo
her age. Does not bring home any friends even though I encourage her to.

5. ATTITUDES TOWARD SCHOOL(LIKES/DISLIKES):
Kerry likes School - never puts up a fight in the morning. She says she likes art best. She doesn't like reading, especially when asked to read words outloud.

6. CHANGES AROUND HOME:

She really enjoys her after school recreation group (meets 2x a week)

She gets much more upset lately, when I ask her to read to me.

Parent

QUESTIONS TO ASK AT THE IEP MEETING (2)

Mrs. Lynda Rand
NAME

October 3, 1978
DATE OF MEETING

Kerry
STUDENT'S NAME

1. SCHOOLWORK:

Should I continue to make Kerry read to me? If not, what can I do?

Kerry never brings any papers or books home. Is she supposed to? Her 2nd Cousin (that goes to a different school) does.

2. SOCIAL:

Kerry is quite shy. Have you noticed this at school? Does she have any friends? Is there anything we can do to help her with this problem?

3. HEALTH:

none

4. GENERAL (transportation, cafeteria, home, etc.):

none

Parent Information and Resource Project, Roger Kroth, University of New Mexico, Albuquerque, New Mexico, 1979.

Parent

CONCERNS TO SHARE AT THE IEP MEETING (3)

Mrs. Lynda Rand
NAME

October 3, 1978
DATE OF MEETING

Kerry
STUDENT'S NAME

1. STUDENT'S WEAKNESSES THAT ARE YOUR MAJOR CONCERN:

1st-reading
2nd-making friends (Shyness)
3rd-math

2. SPECIAL HELP YOU WISH FOR YOUR CHILD:

Tutor for reading

3. SPECIAL HELP YOU CAN OFFER:

I am home with Kerry most evenings and want to help. I just don't know what to do.

4. COMMUNICATION ARRANGEMENTS BETWEEN SCHOOL/HOME ON CHILD'S PROGRESS:

Is there someway I can know how Kerry is doing in school without taking off work to come to school?

RESOURCE ROOM TEACHER:

Kerry was referred for evaluation by her second grade teacher because she was having difficulty learning to read. Interviewing the teacher you found Kerry was unable to work independently. You also found that the classroom teacher had done some informal assessment which revealed that Kerry could not read basic sight words. The testing you did included:

a. Standard Reading Inventory;

b. Key Math;

c. Informal assessment on following directions, math and comprehension;

d. Structural observation.

A. Standard Reading Inventory

1. When you gave Kerry this test, she reached frustration level at the preprimer stage. She focused on initial consonant sounds and called out words with the same initial sound (see word list). She responds to correction by insisting her answer is correct or saying, "That's what I meant."

2. Her many errors in paragraph reading affect her comprehension and rate. She repeated many words and phrases, and substituted similar words (want-went, have-had, with-will, it-in). On the second paragraph (primer level) she read the first few words and made up the rest of the sentence (see oral reading page).

   She was not able to retell the story unless specific questions were provided and then she was correct on 50% of the items.

3. You also gave her the Woodcock Reading Mastery Test. She scored at the 1.5 grade level.

B. Key Math

1. Kerry's total score was at 2.0 grade level. She has a good grasp of time, money and number sequence. She has trouble with mental computation and is inconsistent on addition facts especially with numbers above 10. She was unable to work subtraction problems.

2. On the basis of the errors Kerry made on the Key Math, computation section, you developed the following tentative conclusion: Kerry does not know how to subtract.

3. To confirm the tentative conclusion, you constructed an informal test of subtraction facts to see how Kerry would do on a larger sample of simple subtraction facts in worksheet format;

4	5	3	4	3	1	5	1	2	2
-1	-1	-0	-0	-1	-0	-0	-1	-1	-0
5	3	0	0	2	1	0	2	3	0
(3)	(4)	(3)	(4)	OK	OK	(5)	(0)	(1)	(2)

B. Key Math cont.

5	3	4	4	3	1	1	2	2	5
-1	-0	-0	-1	-1	-0	-1	-1	-0	-0
6	0	0	3	2	0	2	3	0	0
(4)	(3)	(4)	OK	OK	(1)	(0)	(1)	(2)	(5)

She missed 16 out of 20 of the facts, supporting the tentative conclusion.

4. You then did a task analysis of teaching the subtraction facts.
    a. Attends to teacher/task.
    b. Demonstrates an understanding of the language of directions.
    c. Identifies numbers and their corresponding quantity.(quantity-symbol match).
    d. Identifies - sign.
    e. Reads subtraction fact.
    f. Computes answer.
    g. Writes number.

5. In checking her out on the subtasks, you found that she had no trouble with "b," "c" and "g." Her attention waivered while working on the facts (a). She recognized the "-" sign when it was shown to her on a card in isolation, bud did not know that it means take away or subtract (d). She read the numbers verbally with no problem (c), but could not read the fact (e), since she did not know the sign, and could not compute the answer.

6. Since you were particularly concerned with knowing the sign, you did a systematic inquiry in that area. You taught Kerry to say "take away" when she saw "-." Then you demonstrated take away with concrete objects, and let Kerry do some take away problems with the manipulatives. You asked her to verbalize each problem she did. After practicing with ten or so problems, you asked her to do more facts, giving her just pencil and paper.

4	3	5	2	3	4	5	1	1	2
-1	-1	-1	-0	-0	-0	-0	-0	-1	-1
3	2	4	0	0	0	0	0	0	1
			(2)	(3)	(4)	(5)	(1)		

This time she was able to get 5 out of 10 facts correct. All of the facts she missed had a "0" subtrahend.

7. On the basis of this, you feel that Kerry would benefit from direct teaching of the "-" sign and practice at doing subtraction facts through direct teaching of the concept of zero in subtraction, first using manipulatives.

C. Informal Assessment

1. You gave Kerry an informal test for following directions that you constructed yourself. Small 2" x 2" brightly colored pictures of objects were placed in front of Kerry. You gave her directions to follow using the pictures. You marked the directions Kerry was able to follow correctly on a response sheet. Kerry was able to follow directions with one step with no difficulty. When a second step was added, she was correct one of three times (See test, Part IIA). The other two times, she reversed the order (IIB&C). Where a third component was added, she omitted one or two steps each time (IIIA,B&C). You did not try doing directions with four steps.

2. Using the error pattern analysis procedure, you developed the following tentative conclusion: Kerry is not able to follow more than one direction at a time.

3. You tested your tentative conclusion by going back to the first level where Kerry was not able to follow a direction (IIB). You gave Kerry some two-step directions involving movement, such as, "Open the door and bring me a pencil." She was not able to follow two-step directions, confirming the tentative conclusion.

4. You then task analyzed the task of following directions:
   a. Attends to teacher.
   b. Demonstrates an understanding of the language of directions.
   c. Demonstrates an understanding of the key concept words in each direction presented.
   d. Matches words in teacher's oral directions with pictures and moves pictures.

5. In checking Kerry on the sub-tasks, you remembered that she had an attention problem in working on the test. You found that she had no trouble with "c," "a" and "b" were troublesome, and she could not do "d." Kerry was not always attending to you, she couldn't verbalize the directions for the task very well, and when asked to repeat following direction items verbally, she couldn't repeat a direction involving one step. Analyzing this, you were concerned primarily with attending.

6. You did a systematic inquiry for Kerry with attending. You tried calling Kerry's name and asking her to look at you and then gave her directions to follow from the original informal test. Before each item, you repeated the cueing. This time Kerry was able to follow all of the one and two-step directions correctly, and seemed to try harder on the three-step directions, though she couldn't follow them correctly.

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C. Informal Assessment cont.

7. On the basis of this, you feel that cueing and helping Kerry focus her attention are very important and that trying some things in this area may have quite an effect in the classroom.

D. Structural Observation

When you observed Kerry, you found that she was off task more often than others in class (40% in structural observation). She thumbed through her workbook, played with an eraser, pencil and other small objects. She did not disturb those around her.

PRINCIPAL: MR. ED ROBERTS

1. You are about to begin an IEP meeting that you have scheduled for Kerry, an eight-year-old, second grader.

2. In an effort to improve parent participation at these meetings, you have contacted the parents prior to the meeting. In the case of Kerry, you have talked to her mother, Mrs. Lynda Rand once on the phone and mailed her a letter with some forms to help her prepare for this meeting.

3. You don't personally know Kerry. You have observed her on the playground. She is not a problem there nor has she ever been sent to your office for behavior problems.

4. Her attendance record is excellent. When you examined her other records you found that she had a physical early in the fall. Her immunizations are up to date. She lives with a single parent, Mrs. Lynda Rand. She has no brothers or sisters.

5. You also checked the school nurse's records. Kerry's hearing and vision screening results were within normal limits.

6. As chairperson for this meeting you want to encourage active and cooperative participation from everyone. However, you have noticed in the past that this often requires special efforts to involve the parent. If necessary, you will ask that confusing and ambiguous terms be clarified, ask parents to share their opinions, and limit others on their input.

7. You may begin the meeting by introducing the members of the team to one and other. The members are: Mrs. Lynda Rand, Parent; Mrs. Pohlson, Resource Teacher; Mrs. Horn, Second Grade Teacher; and yourself.

8. One hour has been allotted for this meeting. As chairperson, keep the group moving and "on task" so that an IEP can be developed for Kerry within that time frame. In doing so, try to follow this time frame:

5 minutes for the introductions
15 minutes for sharing information (highlight strengths/weak.)
5 minutes for summarizing highlights
15 minutes for goals/objectives
20 minutes for services/placement

Principal

PART I - INITIAL BUILDING REFERRAL

Name of Student Kerry Grade 2nd
Birth Date 8/6/70 Building Elementary
Legal Guardian Lynda Roberts Teacher Mary Horn
Address 401 Eastgate Telephone none

A. Name of person(s) making referral: Mrs. Horn Date 10/12/78

B. Reason for referral: (Describe problem)
Kerry cannot read the first page of Signposts, which is 1², and does not know sight words.

C. Efforts to solve problem:
I do not have reading materials at a lower level, so I made some worksheets. She cannot do these by herself.

D. Describe previous parent contact regarding this situation:
None. Kerry's mother works, and I have not been able to reach her since there is no phone.

E. Health history has been obtained: [✓ yes] no___

F. Student referred to the following Pupil Services personnel:

Name Mrs. Pohlson, RT

- ___Hearing Clinician
- [✓ Psychologist]
- ___Special Education Consultant or Coordinator
- ___Nurse
- ___Speech Clinician
- ___Social Worker
- ___Vocational Rehabilitation Counselor
- [✓ Other] Resource Teacher

Mrs. Mary Horn
Signature of person making initial referral

10/12/78
Date

Ed Roberts
Signature of Principal or Designee

10-12-78
Date

SECOND GRADE TEACHER:

1. On the first day of school, you did some informal testing in reading. Kerry was unable to read the first page of the lowest level reader in your class. She was able to provide sounds for most consonants but no vowels. On the word list in the back of the book, she only knew five words in the first column, so you stopped. You made a referral for further assessment of reading skills and wanted recommendations for adjustment in the classroom program.

   While you were waiting for a staffing on Kerry to be held, you gave her the "Word Discrimination" subtest from the Metropolitan Reading Test. She missed seven out of seventeen items.

   You analyzed Kerry's errors and developed the following tentative conclusion:

   Kerry correctly identified words that she knew as sight words (items 2,5,9,10,12 & 15). In items 6,11 & 17, she correctly identified the word because there were no other choices that began with that same initial consonant sound. For example, the word in item 6 was "cold." Kerry was able to identify that correctly because none of the other choices started with the initial "c" sound.

2. As a follow-up to the "Word Discrimination" subtest, you put each of the stimulus words on flashcards and asked Kerry to say each word when you showed her the card.

   The only words she identified correctly were "saw," "three," "off," "name," "belt" and "train." She missed "cold," "room" and "dike." This substantiates the tentative conclusion you wrote as a result of your error pattern analysis.

3. You then task-analyzed the task of teaching Kerry the words she missed. Your task-analysis for the words was:

   a. Attends to teacher and word card.

   b. Demonstrates an understanding of the key words in the directions ("Read," "Word").

   c. Moves left-to-right when reading the word.

   d. Matches letter sound to correct letter symbol.

   e. Blends the individual sounds into the word.

   f. Says the word.

   When you tested Kerry to see which of the sub-tasks she could do, you found that she could not do "d" and had some trouble with "a" and "e." She knew all the beginning and ending sounds but no long or short vowel sounds. Kerry could blend the sounds if she was given the correct sounds to blend. However, she could not correctly complete this task when she didn't know the correct individual sounds.

You also noticed that she sometimes would attend to the word card and other times she would not. Her behavior in this area was inconsistent so you are hesitant to say that she definitely has an attention problem. You have noticed previously when doing other things with Kerry that sometimes her attention seems to wander and/or she seems to forget what she is saying.

4. Even though you haven't confirmed that a definite attention problem exists, you did decide to try the systematic inquiry procedure with Kerry for the attending task.

   You tried saying, "Kerry, look at the card" each time you presented a word card to her. Kerry still missed the same words but you did think that her "misses" were closer to being correct than her original "misses" had been. This indicated to you that when she attended for a longer period of time, she did a better job of sounding out the words.

   You are going to try giving her "attention cues" during some of the class discussions and when you're working with her on her math papers and see if she does perform better.

5. You have also noticed that Kerry works slowly in math and confuses addition and subtraction operations. She seems to disregard the signs on worksheets. When you give her simple story problems and counters, she usually knows what to do, but on math worksheets her answers are inconsistent. Sometimes she just writes the same answer over and over.

6. In group discussions, her attention wanders and she rarely volunteers information. You recall a few times when her hand was waving in the air and when you called on her she started to talk, then said she couldn't remember the rest. You think she was a little embarrassed.

7. Kerry is not a behavior problem in your class or on the playground. She tends to play alone or with one other child. She rarely joins small or large group activities voluntarily.

8. You have observed no problems in Kerry's ability to see or hear.

OBSERVER:

1. You are the observer for your IEP team. As an observer, you are responsible for recording any comments or behaviors (i.e. nodding) made by your team's members to encourage active and cooperative parental involvement.

2. Do not interfere with the role-play in any way.

3. Begin to record as soon as the group starts the role-play. Only record behaviors and comments. Do not identify the person responsible for the behavior or comment.

4. At the end of the role-play, you will be asked to share your recorded observations with the entire group.

ENCOURAGING ACTIVE AND COOPERATIVE PARENT INVOLVEMENT

Comments	Behaviors

Date October 3, 1978

INDIVIDUAL EDUCATION PROGRAM

Child's Name Kerry

School Elementary

Birthdate 8-6-70 Grade 2nd

Committee Members

Name	Role
Ed Roberts	Principal
Mrs. Pohlson	Resource Teacher
Mrs. Horn	Second Grade Teacher
Mrs. Lynda Rand	Parent

SUMMARY OF PRESENT LEVELS OF PERFORMANCE

A.) General ACADEMIC: a. Woodcock Reading Mastery Test: 1.5 grade level
Word Identification: 1.0 grade level
Passage Comprehension: 1.5 grade level

b. SRI:
1) Passage Reading Frustration Level: preprimer level
2) Sight Words Frustration Level: Primer level

d. When given oral directions, Kerry can follow them only when the directions involve one step.

e. Key Math: 2.0 grade level

INTELLECTUAL: High average range (81st percentile)

PHYSICAL: Excellent health - immunizations up to date. No hearing or vision problems. (continued next page)

B.) Strengths a. Kerry has above average intellectual ability, and performed a year and half above age level on a picture vocabulary test.
b. She performs well when tasks are presented visually and she is required to make a motor response.
c. She can identify initial consonant sounds. (continued next page)

C.) Weaknesses a. Kerry has difficulty attending to the teacher and the task, following more than one step oral directions, and working independently.
b. She is at the preprimer level in passage reading, sight words, and comprehension. She doesn't know short or long vowels, and can't apply consonant knowledge to word endings.
c. She is inconsistent on addition facts with numbers above 10, and can't identify the minus sign or subtract.

PRIORITIZED LONG-TERM GOALS

A. Reading - Kerry will be reading at the 2.5 grade level and will understand what she reads.

B. Math - Kerry will compute addition and subtraction problems.

C. Social - Kerry will initiate group activities with her peers.

D. Work Habits - Kerry will develop independent work habits.

A.) GENERAL (continued)

SOCIAL: Does not like physical games - prefers to draw or color. Plays and works alone - does not join group activities.

B.) STRENGTHS (continued)

d. She can identify numbers and performs at grade level in the areas of time, money and number sequence.

e. She has a good attitude toward school and is not a behavior problem in the classroom or on the playground.

f. She responds well to praise from adults.

g. She like to play instructional games and learns concepts well when doing them.

h. Kerry attends to a task best when cueing is used.

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA AND PROCEDURES	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBILE	BEG ING AND ENDING DATES	REVIEW DATE
A_1 Given 20 consonant-vowel-consonant (CVC) nonsense words and 20 CVCE or CVVC nonsense words, Kerry will be able to read the words, pronouncing the vowel sounds correctly.	The teacher will give Kerry 20 nonsense CVC words and 20 nonsense CVCE or CVVC words on individual flash cards and ask her to pronounce them. The teacher will record the number of correct prnounciations. Criteria = Given 10 sec. for each word, she will say them with 100% accuracy.	A_1 - A_3 1. When new words are presented, ask for a motor response. 2. When shaping oral responses, or when reinforcing correct responses, use teacher praise and attention as reinforcers. 3. Keep directions simple; coordinate complexity of directions given her with th success in Objective D_1-D_2.	Pohlson	12/1 - 1/31/79	
A_2 By May 1, Kerry will be able to read sight words at the 2.5 level from the Ginn Series.	The teacher will present 50 2.5 level sight words from the Ginn Series to Kerry on individual cards. The teacher will record the number of correct pronounciations. Criteria = Given a 3 sec. exposure, she will read 90% (45 words).		Pohlson	2/1/79 - 5/30/79	
A_3 By May 30, Kerry will be able to read a passage from the Ginn Series at the 2.5 level and reconstruct the story, as well as answer specific questions about the story.	The teacher will present a 2.5 level passage fro the Ginn Series for Kerry to read aloud. The teacher will develo an informal test which identifies the main				

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA AND PROCEDURES	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBILE	BEGINNING AND ENDING DATES	REVIEW DATE
	points of the passage and specific questions which relate to each point. The teacher will record the main points Kerry did not reconstruct, and record the number of correct responses. Criteria = 90% accuracy on reading the passage and reconstructing the story; 9/10 correct questions.		Pohlson	2/1/79 - 5/30/79	
B_1 By February 1, Kerry will write the answers to 25 single digit subtraction facts with minuends of 9 or less, including those with zero. The facts will include both horizontal and vertical formats.	The teacher will give Kerry a worksheet with 25 subtraction facts and a mixture of formats. The teacher will record the number of problems correct and the time required to complete them. Criteria - Complete problems in 5 min. with 90% accuracy.	B_1 - B_2 1. Present information to Kerry visually whenever possible. 2. When new words are presented, ask for a motor response. 3. When shaping oral responses, or when reinforcing correct responses, use teacher praise and attention as reinforcers. 4. Keep directions simple; coordinate complexity of directions given her with the success in Objectives D_1-D_2.	Pohlson	10/9 - 1/1/79	

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA AND PROCEDURES	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBILE	BEGINNING AND ENDING DATES	REVIEW DATE
B_2 By May 30, Kerry will write the answers to 25 addition and subtraction facts with two digit answers of 18 or less in horiztonal and vertical format.	The teacher will give Kerry a worksheet of 25 addition facts with two digit answers of 18 or less in horizontal and vertical format. She will record the number of problems correct and the time required to complete them. Criteria = Complete in 5 min. with 90% accuracy.		Pohlson	3/1/79 - 5/30/79	
C_1 When asked by a classmate to work on a free-time classroom activity, Kerry will agree to that activity.	The teacher will ask a classmate to invite Kerry to work on an activity. The teacher will observe Kerry to determin whether or not Kerry does the activity. Criteria = 80% of the time she will.	C_1 - C_4 1. Insure that any group activities Kerry enters are ones she is likely to do well, particularly at first. 2. Reinforce her with teacher praise and point out specifics in which she did well. 3. Initially, steer her toward friendly, non-antagonistic classmates.	Horn	10/9 - 1/1/79	

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA AND PROCEDURES	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBLE	BEGINNING AND ENDING DATES	REVIEW DATE
D_1 By January 30, Kerry will attend to the teacher and work material for the amount of time the teacher decides is appropriate for a particular activity.	The teacher will: a. Specify how long Kerry needs to attend to the teacher and/or work materials for that lesson. b. Observe Kerry once per minute to see if she attended. c. Record attending or non-attending behavior. Criteria = 90% success	D_1 - D_4 1. Present directions in a visual code or with visual cues initially. 2. Reinforce her with teacher praise and attention.	Horn	10/9 - 1/1/79	
D_2 By January 30, Kerry will be able to follow three-step oral directions.	During teaching of lessons, teacher will give Kerry three-step directions and observe to determine whether all steps are completed, if they are done sequentially, and record information. Criteria = successful performance 90% of the time		Horn	1/1/79 - 1/30/79	
D_3 By March 1, Kerry will be able to go to her desk and begin an assignment without verbal or physical prompting from the teacher.	The teacher will give five assignments daily for a week, and observe Kerry to determine if she is able to begin an assignment independently and record information. Criteria = begin assignment 90% of the time		Horn	1/1/79 - 1/30/79	

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA AND PROCEDURES	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBLE	BEGINN G AND ENDING DATES	REVIEW DATE
C_2 When asked by a group of 2-3 classmates to join them on an activity, Kerry will agree to join the group and participate in that activity.	The teacher will ask a member of a small group working on a reading or math activity to invite Kerry to join the small group. The teacher will observe Kerry to determine whether or not Kerry joins the group and participates in it. Criteria = 80% of the time she will		Horn	11/1/78 - 1/30/79	
C_3 Kerry will ask a classmate to do a freetime activity with her.	The teacher will observe Kerry during freetime classroom activity and record each time Kerry asks a classmate to do something with her. Criteria = will do spontaneously 2 times a week for one month straight		Horn	12/1/79 - 3/1/79	
C_4 Kerry will join a group of 2-3 classmates and participate in a reading or math activity voluntarily.	The teacher will observe Kerry during reading and math small group activity and record each time Kerry joins a small group and participates in it voluntarily. Criteria - will do spontaneously once a week for two straight months		Horn	1/1/79 - 5/1/79	

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA AND PROCEDURES	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBLE	BEGINNING AND ENDING DATES	REVIEW DATE
D_4 By April 30, Kerry will be able to complete assignments with no physical or verbal prompting from the teacher.	The primary focus of this objective is completing assignments independently. Accuracy of work should be considered secondary. The teacher will give give assignments daily for a week and observe Kerry to determine if she is able to complete the activity independently, and record the information. Criteria = assignment completed 80% of the time		Horn	2/1/79 - 4/30/79	

PLACEMENT DECISIONS Regular classroom with support for reading and math in the Resource Room.

PERCENT OF TIME IN REGULAR CLASSROOM
80%

JIM SIMULATION MATERIALS

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DIRECTIONS

(Provide one copy for each participant.)

1. Review the information given to you regarding your role and the particular child. Familiarize yourself enough with the information, that reading is not necessary.

2. Try to make the meeting as real as possible.

3. Be brief. As you study the information, think about how you can summarize and highlight the student's strengths and weaknesses. Remember, each person holds important information to share.

4. Help the chairperson keep the group on task and moving.

5. Avoid using confusing and ambiguous terms.

PRINCIPAL: MR. FRANK VAN DUSSEL

1. You are about to begin an IEP meeting that you have scheduled for Jim Heston, a seventeen year old, eleventh grader. You are the chairperson for the meeting.

2. In an effort to improve parent participation at these meetings, you have been contacting the parents prior to the IEP meetings. In the case of Jim, this is the second year that you are meeting to develop an IEP for him. Although the Hestons are familiar with these meetings, you contacted Mrs. Heston by phone and mailed her a letter with some forms to help prepare for this meeting.

3. You have had quite a bit of contact with Jim this year, due to the plan developed to cope with his temper outbursts. The first quarter seemed like a "honeymoon," and nothing happened. In November, Jim started having difficulty and December was particularly bad. Upon his return from Christmas vacation, Jim seemed a bit sullen or depressed. His visits to the office decreased for a couple of weeks but he as soon back to his previous performance.

4. You had several long talks with Mr. Baker, who felt Jim was in some kind of trouble but couldn't find out what kind. Mr. Baker convinced you to "hang in there" and not change Jim's placement. At the same time Mr. Baker increased his sessions with Jim and started dealing more directly with his temper outbursts.

5. In the second quarter, Jim voluntarily came to your office nine times and was sent there seventeen times. In the third quarter he voluntarily came fourteen times and was sent fourteen times. Jim usually didn't want to talk when he was upset, and you sensed that it may be better not to push, besides he could talk to Mr. Baker, if he needed. You are thankful that Mrs. Frost's room is just down the hall and that Jim doesn't have to go far to get to your office.

6. As chairperson for this meeting you want to encourage active and cooperative participation from everyone. However, you have noticed in the past that this often requires special efforts to involve the parents. If necessary, you will ask that confusing and ambiguous terms be clarified, ask parents to share their opinions, and limit others on their input.

7. You may begin the meeting by introducing the members of the team to one and other. The members are:

PRINCIPAL: Continued

Parent	Mr. or Mrs. Heston
Guidance Counselor	Mr. Tom Johnson
Basic Math Teacher	Mrs. Betty Thomas
Work Experience Teacher	Mr. Tim Baker
Special Ed. Teacher	Miss Susan Frost

8. One hour has been allotted for this meeting. As chairperson, keep the group moving and "on task" so that an IEP can be developed for Kerry within that time frame. In doing so, try to follow this time frame:

5 minutes for the introductions
15 minutes for sharing information (highlights-strengths/weak.)
5 minutes for summarizing highlights
15 minutes for goals/objectives
20 Minutes for services/placement

PARENT: MRS. CLARA HESTON

1. You are Jim's mother. Jim is a seventeen year old, eleventh grade boy. Although he's your oldest son and the "man of the family", you still look on him as your baby. Last year, you and your husband both went to the IEP meeting.

2. The principal is very anxious to have you attend this years IEP meeting. He has called you and written you a letter that included some forms that you have already filled out. From talking to the principal, you know it is important for you to be there. You did not visit any of Jim's classes, but you talked to him about his feelings towards school. You are glad you have the forms, because it will help you share your feelings with the others at the meeting. Mr. Van Dussel told you in the phone conversation to be prepared to do so.

3. Jim did have one incident this winter that you have not told the school about because you thought they might take Jim out of shop class. Mr. baker called once and asked if there had been a problem recently, but you told him, "Not that I know about."

4. Right after Christmas last year, Jim got into a bad fight with one of the neighbor's kids and broke the boy's arm. The boy was one year older than Jim and somewhat bigger, but nonetheless got the worst of it. Jim had been in the backyard trying to build a bird feeder. You don't really have any good tools around the house and that, combined with working out in the cold, didn't make it easy. Jim became pretty frustrated.

5. This neighbor came by and began teasing Jim about the feeder and that was all Jim could take. Jim hit the boy with the hammer, right across the upper arm.

6. Jim was very upset and you paid the bill for the boy's medical treatment. Fortunately, the neighbors didn't make a fuss. They were a little angry with their own son for starting the whole thing. Since everything worked out okay, you decided to keep it quiet.

7. You were very upset with Jim and he was grounded for a month. Jim was also very upset and you figure he learned his lesson.

8. You hope no one asks you anything about this at the meeting. Otherwise, you are looking forward to this meeting and feel prepared to share some thoughts from your discussions with Jim and his father.

Parent

September 6, 1979

Dear Mrs. Heston,

I was happy to have the opportunity to talk to you last evening on the phone. I have contacted the teachers you requested to be at the meeting and all are planning on attending. Again, this meeting is at 3:30 on September 28, 1979 in my office.

As I mentioned this meeting will last about an hour. If we need more time we can reschedule another meeting.

Although you are familiar with these meetings from last year's IEP meeting, I want to stress the importance of your participation . As we plan this years instructional program for Jim, I want to encourage you to share your concerns and hopes for him. To help you prepare for this meeting, I suggest the following:

1. Talk to your child about school, classmates, teachers,etc
2. Visit your child's classroom before this meeting
3. Complete the enclosed forms and bring them with you to the IEP meeting.

If you have any questions about this meeting, please call.

Sincerely,

Frank Van Dussel

Mr. Frank Van Dussel

cc Tom Johnson, Guidance Counselor
Betty Thomas, Basic Math Teacher
Tim Baker, Work Experience Teacher
Susan Frost, Special Ed. Teacher

Parent

INFORMATION TO SHARE AT THE IEP MEETING (1)

Mrs. Clara Heston
NAME

September 28, 19
DATE OF MEETING

Jim
STUDENT'S NAME

1. HEALTH OF STUDENT(MEDICATION RESULTS, CHANGE IN BEHAVIOR):

no medication - good health

2. FAVORITE INTERESTS/TALENTS OF STUDENT:

Summer job at gas station
Working on cars
Shop projects (made a hall tree, canister
and lamp)

3. ACTIVITIES AT HOME THAT STUDENT DISLIKES:

baby sitting

4. FRIENDS:

has a few friends, but must get home after school to watch his two brothers (10 yr old & 14 yr. old).

5. ATTITUDES TOWARD SCHOOL(LIKES/DISLIKES):

dislikes reading, used to dislike math but now he says he likes it. Shop is his favorite class. Speaks about Mr. Baker the Counselor frequently.

6. CHANGES AROUND HOME:

none

Parent

QUESTIONS TO ASK AT THE IEP MEETING (2)

Mrs. Clara Heston
NAME

September 28, 1977
DATE OF MEETING

Jim
STUDENT'S NAME

1. SCHOOLWORK: It doesn't seem like Jimmy is ever going to be much of a reader. I think he's got that reading disease so Why not teach him something he's good at like car mechanics or shop?

2. SOCIAL: He seems to get along pretty well - except if someone teases him. He just lets them have it if they do. Cant he control his temper?

3. HEALTH: none

4. GENERAL (transportation, cafeteria, home, etc.): none

Taken from Roger Kroth's Parent Information and Resource Project, University of New Mexico, Albauguergue, New Mexico.

Parent

CONCERNS TO SHARE AT THE IEP MEETING (3)

Mrs Clara Heston
NAME

September 28, 1979
DATE OF MEETING

Jim
STUDENT'S NAME

1. STUDENT'S WEAKNESSES THAT ARE YOUR MAJOR CONCERN:

Teach Jimmy something that he can use to make some money, like mechanics. He's got real talents with his hands. I don't think its so impt. to graduate - his dad and I didn't - and we make more money then some of our friends who did.

2. SPECIAL HELP YOU WISH FOR YOUR CHILD:

I don't believe Jimmy really needs any special help. Jim isn't dumb and shouldn't be in a dummy class.

3. SPECIAL HELP YOU CAN OFFER:

My husband & I both work, so we don't have all that much time to help Jim. Anyways - some of the other kids need more help cuz there younger.

4. COMMUNICATION ARRANGEMENTS BETWEEN SCHOOL/HOME ON CHILD'S PROGRESS:

I'd just like to see ya help Jimmy get a job so he can bring in some money.

SPECIAL EDUCATION TEACHER - Susan Frost

1. You have worked very closely with Jim during the past two years in reading and temper control.

2. You are happy that Jim was able to get into some regular classes and have worked closely with those regular classroom teachers to see that things were going alright. You have worked especially closely with the basic math teacher and have developed an individualized math program for Jim.

3. Through the Work Experience Instructor (WEI), Jim has been able to explore various career opportunities.

4. It is your hope that Jim is ready for a preparation program for the next school year.

5. Jim has made significant progress in reading, math, and temper control, as far as you can evaluate. He did have quite a few temper outbursts in the middle of the year, from about November through March, but he is doing much better now. The biggest improvement seems to be in the way he handles frustration. It still disrupts his work, but he no longer needs to go to the principal's office. Lately, Jim also seems more tolerant of his own mistakes. You also feel that this growth in Jim has a lot to do with Jim's contact with Mr. Baker. He has been most helpful throughout the year.

6. Progress Report:

   Q_1 - Jim correctly identified and defined 83% of the first 150 sight words.
   His reading comprehension scores average at 82% and he progressed on schedule.

   Q_2 - Jim's progress was down in reading. His score on sight words dropped to 68% although he completed the assignments. His reading comprehension dropped to 72%.

   Q_3 - Jim received an 83 on his sight vocabulary test and an average score of 75 on his comprehension exercises.

   Q_4 - Jim finished the year strong. He received an 86 on the vocabularly review test and an 82 on the end of year reading comprehension test.

7. Near the end of the year, Jim gave a report to the class on, "How to tune a car." His classmates were quite impressed and gave Jim a lot of attention. Jim seemed very pleased, and it bolstered his attitude.

WORK EXPERIENCE INSTRUCTOR - Tim Baker

1. You've grown very attached to Jim and feel he's very capable of handling semi-skilled labor jobs.

2. You become very frustrated with Jim when he allows his temper to control him, probably because your own temper is sometimes short. You also worry that with the various tools and machines around the shop, Jim might hurt someone or himself.

3. Jim has become a personal crusade for you, which may interfere with your judgment.

4. Progress Report: Jim did pretty well each quarter. Jim isn't comfortable around electricity, so you let him make a lamp which didn't require as much contact with it.

   Jim showed the most enthusiasm for automotive mechanics. He likes machines and can handle the tools fairly well.

   Q_1 - Jim made a hall tree. He did a very acceptable job, took it home and put it in his room. Jim seemed quite proud of it.

   Q_2 - Jim made a set of canisters (flour, sugar, coffee, and tea set) for his mother. Again, he did okay.

   Q_3 - Jim repaired a small four cycle engine. He could have done a better job, but he constantly wanted to work on the V-8 demonstration engine in the shop. Not until you showed him how to give it a tune-up did he finally put some serious effort into his project.

   Q_4 - As stated before, Jim made a lamp. Not really an electricity project, but some boys aren't comfortable around electricity and Jim seemed to be that type, so you didn't push it.

5. You are concerned about Jim's future vocational training. You would like to have vocational training as a long-term goal, especially in light of no previous vocational goal.

BASIC MATH TEACHER - Betty Thomas

1. At the last year's IEP meeting, you were not "crazy" about having Jim in your basic math class. After all, he is a special education student and you didn't want that class to be labeled "special education."

2. However, after working with Jim for a year, you are pleased with his progress and have found that he's not much different from the other kids in your class. You worked closely with Susan Frost, Jim's special education teacher, last year. She really helped you modify some of your course content to fit Jim's needs. She also showed you how some of these modifications could help others in your class who were not handicapped - and they did!

3. You would be willing to have Jim in your class this year if Susan Frost would help you modify the course work.

4. Jim's progress last year was as follows:

   Q_1 - Jim completed more than half of the material on fractional concepts. He was ahead of schedule on materials involving word problems; his average score on assignments was 86%.

   Q_2 - Jim maintained progress in math. He completed the fractions concepts in late November with an 88% score. His word problems progress faltered, but was still acceptable. He started addition and subtraction work of fractions.

   Q_3 - Jim's math progress was good. He completed work on addition and subtraction of fractions with a score of 91. His progress on word problems (score of 81) was within acceptable limits.

   Q_4 - Jim finished the year strong with an 85 on his end of the year word problem test.

GUIDANCE COUNSELOR - Tom Johnson

1. You have had considerable contact with Jim during the year. In your judgment, although the year was difficult, Jim made good progress and needs further mainstreaming and career preparation programming.

2. Progress Report:

   Q_1 - Jim's first quarter went easily. You built a strong relationship and he was very excited about the idea of getting a job someday. Most of your contact with him consisted of discussions about jobs, sometimes about getting angry.

   Q_2 - This was a rough quarter. In November, the honeymoon seemed to end, Jim's patience drew short, and his temper flared easily. You began by making an agreement with Jim, his teachers, and the principal to try the following: If Jim felt that he was frustrated and getting angry he would do either

   a. take a deep breath, slowly put down his assignment, take another deep breath, and ask for help;

   or

   b. take a deep breath, slowly put down his work, tell the teacher he was frustrated and ask to do something else for awhile;

   or

   c. take a deep breath, slowly put his assignment down, and ask to "take a break," which meant to go to the principal's office.

   Jim was to try "a" or "b" first, and only use "c" when absolutely necessary.

   You also began role playing frustrating situations with Jim, but his response was fairly cool. Jim didn't seem to get much out of contrived situations and sensed that he really wasn't learning.

   Sometime over Christmas, you are convinced Jim got into trouble. He wouldn't talk about it, and his mother (whom you called) denied that anything happened. Immediately after his return from vacation Jim was very preoccupied, more like worried. His outbursts were reduced, but in one of your discussions with him after an outburst, he asked, "What happens to someone if they really hurt someone else?" You explained that it depended on how bad the other person was hurt and how it happened. Jim wouldn't talk about it further.

Q_3 - You increased your visits from two to three times a week and changed the format of your sessions with Jim. Instead of discussions and role plays, you held more of an actual class, using career education as a topic. You purposefully made the work a bit difficult (with Mrs. Frost's help) so that Jim would actually have to cope with his frustration with you there.

Progress was shaky at first, and if it weren't for your relationship, the strategy probably would not have worked. However, progress did occur, accelerating through the end of the year.

Q_4 - Jim's progress continued. He got a summer job at a neighborhood gasoline station. The intensity of his outbursts decreased dramtically, and he didn't go or have to be sent to the principal's office once.

Toward the end of the year, you and Jim frequently talked about how mistakes can be viewed as helpful learning situations. You're sure Jim will need to work a lot more on this before his frustration is really under control. He did lose his temper several times while in class, but each time he was able to calm down by doing something else for a brief time.

OBSERVER:

1. You are the observer for your IEP team. As an observer, you are responsible for recording any comments or behaviors (i.e. nodding) made by your team's members to encourage active and cooperative parental involvement.

2. Do not interfere with the role-play in any way.

3. Begin to record as soon as the group starts the role-play. Only record behaviors and comments. Do not identify the person responsible for the behavior or comment.

4. At the end of the role-play, you will be asked to share your recorded observations with the entire group.

ENCOURAGING ACTIVE AND COOPERATIVE PARENT INVOLVEMENT

Comments	Behaviors

INDIVIDUAL EDUCATION PROGRAM

Child's Name Jim Heston
Birthdate 3 / 2 / 62 Month/Day/Year
Grade 10th
School Senior High School
Date / / Month Day Year

SUMMARY OF PRESENT LEVELS OF PERFORMANCE: (Strengths and Weaknesses) Academic, social emotional, pre-vocational, pyscho-motor, self-help skills, daily living activities.

ACADEMIC:

Informal Reading Inventory
Independent Level: Grade 3.2
Instructional Level: Grade 4
Frustration Level: Grade 5.5 to 6.1
Capacity Level: Grade 7.5

Woodcock Reading Mastery Test
Total Test: 4.5 Grade Level
Word Attack: 5.8 Grade Level
Passage Comprehension: 5.0 Grade Level
Word Identification: 4.3 Grade Level

SUBTESTS
Key Math: 6th Grade Level
Money Concepts: 4th Grade Level
Measurement Concepts: 4th Grade Level
Fractions: 3rd Grade Level
Addition, Subtraction, Multiplication, Division Computational Skills: 7.0 Grade Level

INTELLECTUAL: Minimally disabled

PHYSICAL: Excellent health, no visual and/or hearing problems.

SOCIAL: Enjoys group activities and helping others, temper flare-ups occur when activity becomes difficult and requires written directions.

STRENGTHS:

a. Jim has developed good word attack skills and can sound out many 2 and 3 syllable words.

b. Jim is able to complete computational problems involving whole numbers in addition, subtraction, multiplication and division.

c. Jim is cooperative and eager to learn; he attempts reading on his own (i.e. newspaper and sports books and magazines.)

d. Jim can handle tools fairly well; he likes machines and enjoys working with his hands. He completed several assignments in Work Experience with good craftsmanship.

(OVER)

PRIORITIZED LONG-TERM (YEARLY) GOALS:

A. Jim will develop reading skills sufficient to facilitate his daily living and a vocation of his choice.

B. Jim will develop math skills sufficient to facilitate his daily living and a vocation of his choice.

C. Jim will develop control over his temper.

SUMMARY OF PRESENT LEVELS OF PERFORMANCE:

WEAKNESSES:

a. Jim has difficulty with sight words and reads sight words at a fourth grade level.
b. Jim has difficulty comprehending passages above the fifth grade level.
c. Jim's knowledge of money concepts is limited to adding various groups of coins and bills. He is unable to keep a checking account balance, and write correctly.
d. Jim knows few measurement concepts (conversions in liquid, solid, and linear measurements).
e. Jim cannot compute addition, subtraction, multiplication and division problems using fractions.
f. Jim cannot figure answers to words problems which involve more than one operation.
g. Jim becomes frustrated and flares up when asked to perform at academic tasks beyond his capability.

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBLE	BEGINNING AND ENDING DATES	RE-EVALUATION DATE
A_1 By May 30, 1979, Jim will learn new sight words taken from newspapers, magazines, real life situations, and vocational or prevocational material. Jim will learn approximately 150 words each quarter.	A_1 Given the written word, Jim will be able to name it and give its definition with 80% accuracy (150/188 correct)	A_1 - A_2 Select words and articles that appeal to Jim's interests. Give him extra practice by setting the words or articles in some kind of game situation, but be careful that the game is one in which he can succeed.	Mrs. Frost, Spec. Ed. Teacher	10/10/78 - 5/31/79	
A_2 By May 30, 1979, Jim will be able to read and comprehend articles taken from local newspapers, maga zines, real life situations (e.g. signs, billboards, recipes), and vocational materials used in the shop class.	A_2 Given a teacher constructed test on the content of four selected articles (one in each of the four areas identified), Jim will complete the test with 80% accuracy.		Mrs. Frost	10/10/78 - 5/31/79	
B_1 By December 30, 1978, Jim will be able to balance a checkbook and write checks with 100% accuracy.	B_1 The teacher will provide Jim with a sample checkbook and checks and will list a series of 12 checks he would write. Jim wil be expect to write each check, record each in the checkbook, and balance the checkbook. Criteria: 100% accuracy	B_1 A learning activity packet which is in the form of self-correcting programmed learning will be used. Jim is given a great deal of practice with this independent activity.	Mrs. Frost	10/10/78 - 12/30/78	

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBLE	BEGINNING AND ENDING DATES	RE-EVALUATION DATE
B_2 By February 29, 1980, Jim will answer 27/30 questions about liquid, solid, and linear measurement conversions correctly.	B_2 The teacher will give Jim a worksheet/tape which asks Jim to make conversions in liquid, solid, and linear measurement. Jim will be required to write the answers to the questions. Criteria: 27/30 correct in ½ hour period	B_2 Use concrete objects first, then move to abstract.	Mrs. Frost	1/1/80 - 2/29/80	
B_3 By April 30, 1980, Jim will correctly write the answers to 27/30 addition, subtraction, multiplication and division problems using fractions.	B_3 The teacher will give Jim a worksheet with 30 problems. Jim will be required to write the answers Criteria: 27/30 correct in ½ hour.	B_3 Move from concrete examples to the abstract, beginning with teaching the concept of fractional parts. Use a game format to provide practice in computational skills. Provide much repetition in teaching each operation. Chart progress.	Mrs. Frost	3/1/80 - 5/31/80	

SHORT-TERM OBJECTIVES	EVALUATION CRITERIA	SPECIAL EDUCATION AND SUPPORT SERVICES (PHYSICAL, EDUCATION, SPECIAL MEDIA, AND MATERIALS)	PERSON RESPONSIBLE	BEGINNING AND ENDING DATES	RE-EVALUATION DATE
C_1 By May 31, Jim will learn three effective and appropriate ways for him to cope with frustration.	C_1 When placed in a frustrating situation, Jim's teachers will observe and record his behavior. The guidance counselor will be able to identify three different appropriate ways for Jim to respond to the frustrating situation in 80% of the instances.	C_1 - C_2 Jim should begin regular sessions with a guidance counselor and WEI while in the school building at least twice a week until Jim's temper outbursts begin to decrease. The sessions should contain controlled exercises where Jim can learn new ways to control his temper as well as opportunities to discuss his feelings and past outbursts. If temper outbursts occur during other classes, Jim should be asked to leave the room and "take a walk to cool off." This should be Jim's signal to go to the principal's office. Once there, he should be given a chance to calm down, talk with the principal, and return to class.	Mr. Baker and Mr. Johnson	10/10/78 - 5/31/79	
C_2 By May 31, Jim will no longer loose control of his temper while at school.	C_2 During the last eight weeks of school, there will be no reports of Jim losing control of his temper from any of his teachers or other school personnel.		Mr. Baker and Mr. Johnson	10/10/78 - 5/31-79	

ACTIVITY 5: INDIVIDUALIZED EDUCATIONAL PROGRAMMING (IEP)

Purpose: To provide parents and educators with information about the IEP and skills for developing an IEP.

Audience: Parents and educators.

Time Required: Twenty-five minutes.

Materials:

Filmstrip projector
Screen
Tape player

Filmstrip and tape
"Individualized Educational Programming (IEP)"
Mainstreaming Series
Available from:
Learning Concepts
2501 N. Lamar
Austin, Texas

Procedures:

A. Before the Activity
   1. Preview the filmstrip
B. Implementing the Activity
   1. View the filmstrip
   2. Encourage questions or comments.

SECTION 6

APPENDIX

Objective: To provide additional resources for developing the parent-educator partnership.

Contents:

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For additional information, please read Section 8, Resources in Establishing the School - Parent Relationship in Special Education, Jerry Caster, Midwest Regional Resource Center, Des Moines, Iowa, 1979.

PARENT-EDUCATOR DICTIONARY

The following section is like a simple dictionary containing a list of terms used in specialized areas such as education, psychology, and medicine. The short definition of these words included here will hopefully be helpful when reading reports, attending meetings or conferences, and/or talking with specialists that have contact with your child.

Excerpted from: Directions I: A Guidebook for Families, Western Los Angeles Direction Service, Inglewood, California, 1978.

Academic

Refers to subjects such as reading, writing, math, social studies, science.

Achievement Test

A test that measures what a child has already learned.

Affective

Pertains to feelings or emotions.

Annual Objectives

Specific and concrete statements of what skills a student should have at the end of a school year. Objectives tell where a student is going and when s/he is expected to get there.

Aptitude Test

A test which measures someone's capacity, capability or talent for learning something.

Assessment/Evaluation

Assessment encompasses all those functions in the testing and diagnostic process leading up to development of an appropriate, individualized, educational program and placement for a handicapped child. Assessment may include screening to identify potentially (i.e. high-probability) handicapped children; the observation, testing, and diagnosis of those children to specifically identify each child's handicapping condition and the severity of that condition; and the definition of educational needs based on handicapping conditions and learning profile.

Attention Span

The extent to which a person can concentrate on a single task. (Sometimes measured in length of time.)

Audiogram

A graph showing the range of hearing. Hearing sensitivity for air and bone conducted sounds may be shown on the graph.

Audiological

Related to the testing of hearing.

Audiological Exam

A test of a person's hearing ability.

Audiologist

A person who identifies and measures hearing loss and helps in the rehabilitation of those with hearing impairments.

Audiology

The study of hearing and hearing disorders.

Auditory Comprehension

The ability to understand what one hears.

Auditory Discrimination

The ability to detect subtle differences among sounds in words (tap-cap; cap-cop).

Auditory Memory

The ability to remember what is heard (words, numbers, stories). This includes both short and long term memory.

Auditory Perception

The ability to receive sounds accurately and to understand what they mean.

Behavior Modification

A procedure that is based on the belief that all behavior is learned and, therefore, can be unlearned (changed). One must decide the specific behavior to be changed and decide on a definite plan for accomplishing that goal.

Behavioral Objectives

Objectives which are written to describe what a child will be able to do as a result of some planned instruction. Behavioral objectives are usually interpreted as objectives that can be measured in some definitive or quantitative way, e.g. Given a list of ten (10) three letter words, Johnny will orally read eight of the ten (10) words correctly within 90 seconds.

Body Image

An awareness of one's own body and the relationship of the body parts to each other and to the outside world.

Cognitive

The act or process of knowing. Analytical or logical thinking.

Communicatively Handicapped

Those students who are deaf, deaf-blind, severely hard of hearing, severely language handicapped (including aphasic) or who have language and speech disabilities.

Coordination, Fine Motor

Pertains to usage of small muscle groups (writing, cutting).

Coordination, Gross Motor

Pertains to usage of large muscle groups (jumping, running).

Coordination, Visual Motor

The ability to relate vision with movements of the body or parts of the body.

Criterion Referenced Testing (or measurements)

Measures which answer the question, "What can this student do?" not "How does this student perform compared to other students?" Individual performance is compared to an acceptable standard (criterion), such as "can correctly name letters of alphabet" not to the performance of others as in norm-referenced testing (see Norm, below).

Deaf

A student with a hearing loss so severe that it inhibits language processing and affects educational performance.

Deaf-Blind

Hearing and vision impairments which result in severe communication and educational problems.

Developmental

Successive changes during the process of natural growth.

Diagnosis

The process of identifying the nature, cause or extent of a disease or response; a term which comes to education from medicine.

Directionality

Awareness of the two sides of the body and the ability to identify them as left and right and to project this correctly into the outside world, as in knowing which is the right hand of a person facing you.

Evaluation, Medical

Examination and diagnosis by a physician.

Evaluation, Psychologial

An assessment to determine the level of functioning through the use of group and/or individual tests. The tests determine the level of functioning in three areas:

1. Cognitive - How much one knows in certain areas, how one thinks.
2. Affective - Pertains to feelings or emotions.
3. Perceptual-Motor - Control, coordination and appropriate responses from all parts of the body.

Recommendations for treatment or placement, when indicated, are made as a result of the evaluation.

Expressive Language Skills

Skills required to produce language for communicating with other people. Speaking and writing are expressive language skills.

Eye-Motor Coordination

The ability to relate vision with movements of the body or parts of the body.

Free Appropriate Public Education (FAPE)

Every handicapped child, aged 3 - 21, is entitled to an education which meets his individual needs, whether it be in a public school setting or in a private school at public expense, if a public program is not available or appropriate.

Fine-Motor Coordination

Development and control of small muscles, such as those used to cut, hold a pencil, etc.

Formal Assessment

Using published, standardized tests, usually for measuring characteristics, such as "intelligence", or "achievement", rather than skills such as "tying shoes", "following directions"; tests which have a standard set of directions for their use and interpretation.

Gross Motor Coordination

The development and awareness of large muscle activity. Coordination of large muscles in a purposeful manner, such as walking and jumping.

1. Bilateral - Ability to move both sides of the body at the same time (jumping).
2. Unilateral - Ability to move one side of the body without moving the other (hopping).
3. Cross Lateral (Cross-Pattern) - Ability to move different parts of the opposite sides of the body together or in different sequences (e.g. skipping which is a highly integrated movement).

Health Impaired

Students who have persistent medical or health problems, such as heart conditions, epilepsy, diabetes, etc. which adversely affect their educational performance.

Individual Education Program (IEP)

A written statement developed by the assessment team (school administrator, child's teacher(s) and parents), translating child evalution information into a practical plan for instruction and delivery of services. According to P.L. 94-142, the content of the IEP, related to a particular handicapped child, is as follows:

1. present levels of educational performance;
2. annual goals and short term objectives;
3. specific educational services to be provided;
4. extent to which child will participate in regular classroom;
5. projected date for initiation and duration of services;

6. objective criteria and evaluation procedures; and

7. schedule and procedures for review (must be at least annually).

Individual Implementation Plan (IIP)
This plan, similar to a lesson plan, may be developed by the child's teacher and details short term objectives and specific strategies for educational intervention.

Informal Assessment
Using procedures, such as classroom observations, interviewing, or teacher-made tests, which have not usually been tried out with large groups of people and which do not necessarily have a standard set of instructions for their use and interpretation.

Integrated Program
Refers to participation by students in a regular classroom for specified amounts of time during the school day.

Intelligence Test
A standardized series of questions and/or tasks designed to measure mental abilities - how a person thinks, reasons, solves problems, remembers, learns new information. Many intelligence tests rely heavily on the use or understanding of spoken language.

Some intelligence tests are designed to be given to one person at a time; these are called INDIVIDUAL INTELLIGENCE TESTS; others may be given to several persons at once and are called GROUP INTELLIGENCE TESTS. Both types of intelligence tests are given under controlled conditions involving standard instructions and time limits.

Intelligence Quotient (I.Q.)
The score obtained on a test of mental ability; it is usually found by relating a person's test score to his age.

Individuals with Exceptional Needs
Those students whose special education needs cannot be met by the regular classroom teacher with modification of the regular school program and who will benefit from special instruction and/or services. Sometimes the terms "exceptional" or "handicapped" are used to describe these students.

Language, Expressive
Speaking and writing.

Language, Receptive
Listening and reading.

Learning Handicapped
Those students who display learning disabilities, behavior disorders, educational retardation, or a combination of these.

Long Range Goals

Global and general "aims statements" which describe what needs to be learned by the student.

Least Restrictive Environment (LRE)

The concept that each handicapped child is to be placed in a learning environment that most closely approximates the learning environment of his/her non-handicapped peers (regular classroom) AND provides for the most appropriate educational opportunities for the handicapped child.

Motor Perceptual Tests

Test of eye and hand coordination.

Multihandicapped

Students with a combination of disabilities (such as mental retardation and deafness) which cause severe educational problems. Deaf-blind is not included in this category.

Neurological Examination

Tests to determine disease of, or damage to, the nervous system.

Non-discriminatory Assessment

Assessment tools and methods which are "fair" to the student in the sense that they are: given in his native language; given and interpreted with reference to the child's age, socioeconomic and cultural background; given by trained persons, appropriate, even if the child has a physical, mental, speech, or sensory handicap.

Because some tests used in schools often do discriminate against certain students (e.g. by asking questions that relate to the experiences of white, middle-class, English speaking persons), the term CULTURALLY APPROPRIATE ASSESSMENT has come into use to emphasize that assessment must be fair to students of other language and cultural backgrounds.

Norms

Information provided by the test-maker about "normal" or typical performance on the test. Individual test scores can be compared to the typical score made by other persons in the same age group or grade level.

Occupational Therapist

Trained in helping patients developmental and physical well being in all areas of daily living, e.g. self-care, prevocational skills, etc.

Occupational Therapy (O.T.)

Treatment provided by a therapist trained in helping the patient develop mental, as well as physical, well being in all areas of daily life, e.g. self-care, prevocational skills, etc. The therapist involves the patient in active participation of the treatment process to help speed up the recovery and rehabilitation process.

Orthopedically Handicapped

Students with physical impairments resulting from disease such as polio, conditions such as cerebral palsy, or from amputations or birth defects which are so severe as to interfere with their educational performance.

Percentile

A point on the test score scale used to divide a group into sections. For example, the 75th percentile point separates the top quarter from the rest of the group.

Percentile Rank

Is a number, between 0 and 100, that tells what percentage of individuals in a group got scores below a certain score. A percentile rank of 78 says that the person scored higher than 78% of the group and lower than the other 22%. Percentile rank should not be confused with percentage score on the test.

Perception

The process of interpreting sensory information. The accurate mental association of present stimuli with memories of past experience.

Perceptual - Motor Test

A test that requires the person to use his skill in receiving and interpreting sensory information in responding to tasks that require actions such as drawing a line between two given lines, copying a circle, etc.

Perserveration

Continuing to behave or respond in a certain way when it is no longer appropriate. Difficulty in shifting from one task to another.

Personality Test (or Inventory)

A test which measures characteristics, such as emotional control, honesty, attitudes, etc., rather than intellectual ability or academic achievement.

Physically Handicapped

Those students who are blind, partially seeing, orthopedically handicapped, or have other health impairments (including drug dependent and pregnant minors).

Physical Therapist

Trained in applying treatment to bones, joints, muscles and nerves.

Physical Therapy

Treatment of disorders of bones, joints, muscles, and nerves. With the prescription of a physician, the therapist applies treatment to the patient in the form of heat, light, massage, exercise.

Phonetics
Study of all the speech sounds in the language and how these sounds are produced.

Phonics
Use of phonetics in the teaching of reading. Relating the sound (phoneme) of the language with the equivalent written symbol.

Precision Testing
Usually refers to informal, teacher-made measures of student skills (reads orally at a rate of 10 words per minute; completes 5 math problems in 5 minutes, etc.) used to plan instruction which will help the student increase the rate and accuracy of his performance.

Prescription
In an educational setting, "prescription" refers to planned activities, strategies and programs that will help the student achieve stated goals and objectives.

Prescriptive Test
A skill test (such as a reading or spelling test) which is used to study the kinds of errors the student makes, and to plan (or "prescribe") instruction to help the student improve his performance.

Projective Test
A test in which the person is asked to respond freely and openly to questions or pictures which have no "right" answers. The assumption is that the person "projects" himself and his feelings, needs, etc. as he responds. These tests are used to measure personality characteristics.

Psychomotor
Refers to muscle responses including development of fine motor small muscles (cutting, etc.) and large muscles (walking, jumping, etc.).

Reading Comprehension
The ability to understand what one has read.

Receptive Language
Receiving and understanding spoken or written communication. The receptive language skills are listening and reading.

Related Services
Services provided by specialists that are not normally provided in regular and special class programs. These services include, but should not be limited to:
Language/speech assessment, development, and remediation
Audiological services
Aural rehabilitation, including auditory training and speech reading
Mobility instruction
Instruction for the visually handicapped

Related Services (continued)

Instruction in the home or hospital
Adaptive physical education
Coordination and/or provision of phsyical therapy and occupational therapy
Specialized driver training instruction
Career preparation, work study, occupational training
Counseling and guidance, behavior management
Parent education.

Reliability

The extent to which a test provides precise or accurate measures.

School Psychologist

A person trained to give psychological tests, interpret results and suggest appropriate educational approaches to learning or behavioral problems.

Self-Concept

A person's idea of himself.

Self-Help

Refers to feeding, dressing and other activities necessary for functioning in a family, in school and in the community.

Service Provider

Refers to any person or agency providing some type of service to children and/or their families.

Seriously Emotionally Disturbed

This term is used to describe students who display one or more of the following characteristics over a long period of time:

a. inability to learn which cannot be explained by ability, health, vision or hearing deficits;

b. problems in relating to other children and adults;

c. inappropriate behaviors or feelings (e.g. extreme anger reactions);

d. severe depression or unhappiness;

e. tendency to develop physical symptoms or fears about personal or school problems.

Severely Handicapped (SH)

Those students who are developmentally handicapped, trainable mentally retarded, autistic, seriously emotionally disturbed.

Short Term Objectives

A series of intermediate steps that will take the student from where s/he is now to accomplishing an annual objective.

Social

Includes self-concept or a person's idea of him/herself; includes ability to relate to peers and adults.

Social Acceptance

The ability to get along with one's peers (friends).

Social Maturity

The ability to assume personal and social responsibility expected of persons of similar age.

Special Education and Related Services

Special Education refers to a set of educational programs and/or services designed to meet the individual needs of exceptional individuals whose needs cannot be met in the regular classroom. Related Services mean transportation and other developmental and supportive services (e.g. speech therapy, psychological services, counseling, social work, etc.).

Specific Learning Disability

This term refers to problems in academic functioning, such as writing, spelling, doing math, reading, which cannot be explained by ability, vision, hearing or health impairments.

Speech Pathologist or Speech Therapist or Teachers of Speech and Language Impaired

Persons trained to provide analysis, diagnosis, and therapy for speech and language disturbances.

Standardized Achievement Test

A series of questions designed to measure facts and information a student has learned in school. Some achievement tests are given to one person at a time and are called INDIVIDUAL ACHIEVEMENT TESTS; others (GROUP TESTS) may be given to several persons at once. All standardized tests have sets of instructions which the person giving the test must follow exactly.

Tactile

Sense of touch.

Test of Auditory Perception

A test that tells how well a youngster perceives or hears specific sounds.

Tests of Social Maturity

Measure how well the person looks after his everyday needs (eating, dressing, etc.) and takes responsibility (goes to the store, does chores, etc.), as compared to other persons in his age group.

Test of Visual Acuity

An eye examination which tells how well a child can see and recognize symbols in comparison to other children.

Total Service Plan

Developed by the assessment team, this written plan is a statement of the child's present level of functioning, goals, annual instructional objectives, placement recommendation and additional support services needed. The Total Service Plan provides a framework for more specific planning for daily classroom implementation.

Validity

The extent to which a test really measures what it is intended to measure.

Visual Discrimination

Using the eyes to discriminate letters and words.

Visual Perception

The identification, organization, and interpretation of data received through the eye.

Visual Perception Test

A test that requires the person to identify, organize, and interpret information received through the eyes, e.g. find a simple shape "hidden" in a complex picture.

Visually Handicapped

Students who are blind or who have partial sight and who, as a result, experience lowered educational performance.

Vocational Aptitude (or Interest) Test

A test designed to give an indication of a person's potential to succeed in particular jobs or careers. The test is usually a questionnaire which asks the individual to describe his own characteristics. It is like a written interview.

Vocational Inventory

Another word for Vocational Aptitude (or Interest) Test.

Word Attack Skills

The ability to analyze words.

AN ANNOTATED BIBLIOGRAPHY ON EFFECTIVELY INCLUDING PARENTS IN SPECIAL EDUCATION

I. INFORMATION RESOURCES FOR EFFECTIVELY INVOLVING PARENTS IN SPECIAL EDUCATION

COMMUNICATING WITH PARENTS OF EXCEPTIONAL CHILDREN: IMPROVING PARENT-TEACHER RELATIONSHIP

This book is designed for teachers but has practical application for parents also. It deals with the following areas: Understanding the Child and His Family (Preparing for the Individual Conference, Listening to Parents, Comparing Perceptions); Providing Parents with Information (Preparing Information for Parents, Parent Group Meetings): and Problem Solving with Parents (Defining the Problem, Selecting and Applying Reinforcers, Setting Up a Reinforcement Menu, Parent Training Groups). 1975. 187 pages, $5.55.

Roger Kroth
Love Publishing Company
6635 East Villanova Place
Denver, CO 80222

COORDINATING COUNCIL FOR HANDICAPPED CHILDREN NEWSLETTER

This newsletter comes out monthly and covers news in special education, mental healt, national and state legislation, and other special columns.

Coordinating Council for Handicapped Children
407 South Dearborn Street, Room 680
Chicago, IL 60605
(312) 939-3513

DIRECTIONS I - A GUIDEBOOK FOR FAMILIES
DIRECTIONS II - A WORKBOOK FOR FAMILIES

Directions I and II. The manual (II - is a workbook providing parents with forms, programs and exercises) offer a readable, understandable description of P.L. 94-142: The Education For All The Handicapped Act, and are filled with useful suggestions to parents on how they may become involved in their child's individual educational program. The manual presents helpful information to parents in a logical, sequential manner to promote maximum involvement of parents in their educational program. 1978. Free by request (limited).

Western Los Angeles Direction Service
11300 South La Cienega Blvd.
Inglewood, CA 90304
(213) 645-9044

A FAMILY'S GUIDE TO: CEREBAL PALSY

Tonia S. Twigger. 1978. 29 pages, single copies free upon request.

A FAMILY'S GUIDE TO: DOWN'S SYNDROME

Tonia S. Twigger. 1978. 30 pages, single copies free upon request.

A FAMILY'S GUIDE TO: EPILEPSY

Tonia S. Twigger. 1978. 29 pages, single copies free upon request.

A FAMILY'S GUIDE TO CLEFT LIP AND PALATE

Tonia S. Twigger. 1978. 22 pages, single copies free upon request. Written specifically for parents, these booklets contain diagram and resources for further reading.

Lane County Direction Service Coordinating Office
Center on Human Development
University of Oregon
1590 Willamette Street
Eugene, OR 97401

FOR PARENTS ONLY...PRACTICAL ADVICE TO PARENTS ON SPECIAL EDUCATION

For Parents Only... is a handbook written for parents of handicapped children. This handbook provides parents practical suggestions on how to work cooperatively with school personnel to plan an appropriate educational program for their child. The handbook lists practical ideas that parents can utilize in preparing for the IEP meeting; participating in the IEP meeting; and working with the school after the IEP meeting. National parent organizations and resources are also contained in this handbook. 1979. 39 pages. Available through ERIC.*

Midwest Regional Resource Center
Drake University
Des Moines, IA 50311
(515) 271-3936

KEEPING IN TOUCH WITH PARENTS: THE TEACHERS BEST FRIEND

This book is designed for teachers, but has practical application and knowledge for parents also. It deals with communication, physical arrangements at an IEP meeting, preparing for the meeting, and involving parents in teaching their children. 1977. 113 pages. $7.95.

Ms. Leatha Bennet and Ferris Henson II
Learning Concepts
2501 North Lamar
Austin, TX 78705
(512) 474-6911

LAW AND THE HANDICAPPED. A Primer For Illinois Parents

There are four main sections in the manual. The first is made up of answers to questions that may be important to parents of handicapped children; the second is a sample case from detection of the child's problems to the writing of the IEP; the third is a glossary of terms which parents may encounter when working with schools; the fourth is a list of service providers. 1978. 51 pages. Free.

Illinois Regional Resource Center
Department of Learning and Development
Northern Illinois University
Graham Hall 243
De Kalb, IL 60115

PARENT CONFERENCES IN THE SCHOOLS

Proecedures for Developing Effective Partnerships

Written for educators, this book offers specific guidelines for working effectively with parents of children in the public schools. It underscores the need to work with parents as partners or coequals so that the tasks of identifying children with special needs and of providing appropriate services or programs to meet those needs can be accomplished as soon as possible. 1978. 285 pages.

Stuart M. Losen and Bert Diament
Allyn and Bacon, Inc.
Boston, MA

PRACTICAL ADVICE TO PARENTS

A handbook that covers the following topics: Parent to Parent: If You Suspect Something Is Wrong; When Trouble Starts In School; What To Look For In Selecting A School Program; Making Things Happen; What About Jobs; Where To Turn For Financial Aid; Bridging The Information Gap; Why Join A Parent Group; A Word About Attitudes. 1977.

COMMON SENSE FROM CLOSER LOOK

A quarterly publication which offers timely and practical information to parents of handicapped children.
Both publications free upon request.

Closer Look
Box 1942
Washington, DC 20013

THE RIGHT OF HANDICAPPED STUDENTS TO AN EDUCATION - Primer 1
SEEING THE IEP THROUGH THE EYES OF A PARENT - Primer 2
PROCEDURAL SAFEGUARDS - Primer 3

These primers are overviews of particular sections of Public Law 94-412, written for parents. 1978. Single copies free upon request.

Exceptional Family Advocacy Center
Center on Human Development
University of Oregon
Eugene, OR 97403

YOU AND YOUR SPECIAL CHILD: AN EDUCATIONAL GUIDE FOR NEVADA PARENTS

This book is divided into three sections. The first deals with definitions of handicapping conditions, the law, the IEP, parents and children's rights; the second addresses how to get special services and mailing information of Nevada School Districts; the third is a county listing for educational services in Nevada. It is a parent information handbook developed in conjunction with the Nevada State Department. 1978. 168 pages. Free.

Southwest Regional Resource Center
University of Utah
2363 Foothill Drive, Suite 6
Salt Lake City, UT 84109

YOUR CHILD'S RIGHT TO AN EDUCATION

This handbook provides information regarding federal and state laws affecting special education in New York. Handicapped categories are defined in simple language with parents rights and New York procedural safeguards outlined. 1978. 31 pages. Free.

The University of the State of New York
The State Education Department
Office For Education of Children
With Handicapping Conditions
Albany, NY 12234

94-142 AND 504. NUMBERS THAT ADD UP

Contents include: What the Laws Cover, The School District's Responsibilities, How the Evaluation Process Works, Your Rights When You Disagree With the School, Resources. 1978. 47 pages. $1.25.

Children's Defense Fund
1520 New Hampshire Avenue, N.W.
Washington, DC 20036

II. TRAINING RESOURCES FOR EFFECTIVELY INVOLVING PARENTS IN SPECIAL EDUCATION

PARENT INVOLVEMENT PROGRAM

Parents and Teachers Together (for the Benefit of Children) is an action plan for practical parent involvement. It's an unprecedented, head-on, cooperative approach for getting the most out of the classroom by bringing parents in. If your school is not now involved in such a program, Parents and Teachers Together (for the Benefit of Children) will show you how to start - what to do after you've started and where to go once the direction is set. (If you're already involved in a parent-involvement program, these materials will show you how to expand it - how to increase its impact.) This NEA edupak © is packaged in a shelf unit for permanent storage - allowing the individual components to be used separately. Includes: filmstrips, transparencies, cassettes, booklets. 1977. $88.42.

PUBLIC LAW 9-142: SPECIAL MATERIALS FOR SPECIAL CONCERNS

In-service materials designed to provide general and specific answers to many of your concerns. Individual components on 94-142, mainstreaming, learning disabilities, educable retarded. 1977. $39.50.

Both available from:
National Education Association
NEA Distribution Center
Academic Building
Sawmill Road
West Haven, CT 06516
(203) 934-2669

THE PARENT/PROFESSIONAL PARTNERSHIP

THE RIGHT TO EDUCATION
CLASSROOM PROGRAMMING
THE PARTNERSHIP
TRAINING WORKSHOP MANUAL

NARC's Parent/Professional Training Package attempts to give parents and teachers information that can be used to establish effective cooperative relationships. Included in the package are a series of three booklets, a 14½ minute color/sound movie and three brief slide presentations. These training materials are supplemented by the presentation of an eight-hour workshop. Available free through your local ARC or from:

National Association of Retarded Citizens
2709 Avenue E East
P.O. Box 6109
Arlington, TX 76011

PARENTS AND EDUCATORS: PARTNERS IN INDIVIDUALIZED EDUCATION PROGRAM PLANNING FOR HANDICAPPED STUDENTS

This is a 1½ day workshop for educators, but could also include parents. The workshop is activity-based and addresses the following issues: through knowledge of the student, effective communication skills, and appropriate timing and setting, and putting your knowledge into action. 1978. 78 pages, available through ERIC.*

Joyce D. Shaffer and Jane E. Bell with
Midwest Regional Resource Center
Drake University
Des Moines, IA 50311

PARENTS OF THE HANDICAPPED IN PARTNERSHIP WITH HELPING PROFESSIONALS

This is a notebook that assists parents in gathering appropriate educational information about their child. The following sections are included:

Form 1: Identifying Information
Form 2: Birth History
Form 3: Developmental History
Form 4: Medical History
Form 5: Family Background
Form 6: Educational History
Form 7: Psychological Information
Form 8: Special Services Information
Form 9: Calendar of Professional Contacts

1977. $3.25

National Learning Resource Center of Pennsylvania
500 Valley Forge Plaza
1150 First Avenue
King of Prussia, PA 19406

PILOT PARENTS PROGRAM

A Design For Developing A Program For Parents of Handicapped Children

This manual is written for people interested in developing a Pilot Parent Program. The uniqueness of this program is that it provides a systematic approach for parents of handicapped children to utilize in forming a training program. Parents of handicapped children assist parents of similarly handicapped children in meeting their child's unique needs. 1978. 99 pages. Free.

Fran Porter
Greater Omaha Association for Retarded Citizens
3212 Dodge
Omaha, NE 68131

*-ERIC DOCUMENT and REPRODUCTION
2020-14th Street,No.-P.O. Box 190
Arlington, Virginia 22201

III

MAGAZINES/JOURNALS

FOR ALL DISABILITIES:

CHILDREN TODAY. U.S. Department of Health, Education, and Welfare, The Office of Human Development, Children's Bureau, Office of Child Development, Washington, DC 20201. DHEW Publication, No. (HD) 76-30014. 6 issues a year/$6.10. (Frequently contains articles about children with handicaps.)

EXCEPTIONAL CHILDREN. Official Journal of the Council For Exceptional Children, 1920 Association Drive, Reston, VA 22091. 8 issues a year. $25.00 membership dues to CEC includes subscription to EXCEPTIONAL CHILDREN plus subscription to TEACHING EXCEPTIONAL CHILDREN, published 4 times a year, plus UPDATE, published occasionally. (For professional educators.)

THE EXCEPTIONAL PARENT. Psy-Ed Corporation, 262 Beacon Street, Boston, MA 02116. 6 issues a year/$10.00. (Offers a Bookstore Service; parents can order books by mail at a discount).

SPECIAL CHILDREN. American Association of Special Educators, Box 168, Fryeburg, ME 04037. 3 issues a year/$10.00.

FOR LEARNING DISABILITIES:

FOCUS ON EXCEPTIONAL CHILDREN - A MONTHLY NEWSLETTER. Love Publishing Co., 6635 East Villanova Place, Denver, CO 80222. 9 issues a year/$9.50.

FOR MENTAL RETARDATION:

MENTAL RETARDATION. American Association on Mental Deficiency, 5201 Connecticut, Avenue, N.W., Washington, DC 20015. 6 issues a year/$22.00.

SHARING OUR CARING. A Journal on Down's Syndrome. P.O. Box 400, Milton WA 98354. 5 issues a year/$3.00.

FOR AUTISM:

JOURNAL OF AUTISM AND CHILDHOOD SCHIZOPHRENIA. Plenum Publishing Corporation, 227 West 17th Street, New York, NY 10011. 4 issues a year/Personal subscription discounted to $17.50 with certification that the subscription is paid for by subscriber for his personal use. (Clearly for professionals, but may interest some parents as wll.)

FOR PHYSICAL HANDICAPS:

THE PENNY DROPPER. Spina Bifida Association of the National Capitol Area, P.O. Box 4392, Arlington, VA 22204. 4 issues a year/$2.00.

PERFORMANCE. President's Committee on Employment of the Handicapped, Washington, DC 20210. 12 issues a year/Free.

REHABILITATION LITERATURE. The National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, IL 60612. 12 issues a year/$12.00.

FOR VISUAL HANDICAPS:

NEW OUTLOOK FOR THE BLIND. American Foundation for the Blind, 15 West 16th Street, New York, NY 10011. 10 issues a year/$6.00; two year/$11.00; three years/$16.00. (Clearly for professionals, but may interest some parents as well.)

FOR HEARING IMPAIRMENTS:

DEAF AMERICAN. National Association of the Deaf, 814 Thayer Avenue, Silver Springs, MD 20910. 11 issues a year/$10.00 individual membership; $15.00/husband and wife; $25.00/family.

THE VOLTA REVIEW. Alexander Graham Bell Associaiton for the Deaf, Inc., 3417 Volta Place, N.W., Washington, DC 20007. 9 issues a year/$15.00 with membership.

ORGANIZATIONS FOR PARENTS OF HANDICAPPED CHILDREN

NAME	ADDRESS	SERVICE
Alexander Graham Bell Association for the Deaf	3417 Volta Pl., N. W. Washington, D. C. 20007 202/337-5220	National organization for parents and teachers interested in hearing impaired children; provides information on home training, amplification, and has a large library on deafness.
Allergy Foundation of America	801 Second Ave. New York, NY 10017 212/876-8875	Provides a listing of allergy clinics available across the country as well as informational pamphlets describing different allergies (pamphlets cost 50¢ each).
American Assoc. for the Severely/Profoundly Handicapped	1600 W. Armory Way Seattle, WA 98119 206/543-4011	A new national organization, publishes a monthly newsletter for parents and professionals concerned with children having great needs for special assistance.
American Foundation for the Blind	15 West 11th St. New York, NY 1011 212/924-0420	Private agency that provides information and referral services for the public.
American Speech and Hearing Assoc.	1801 Rockville Pike Rockville, MD 20852 301/897-5700	An educational and professional organization for speech, language, and audiology. Provides clinical referral services for those seeking clinical services. Free public information literature is available on request from the association.
Association for Children with Learning Disabilities	4156 Library Road Pittsburgh, PA 15234 412/881-1191	National organization within every state; provides information on advocacy, publications, and new developments related to children with learning disabilities.

NAME	ADDRESS	SERVICE
Closer Look	Box 1942 Washington, D. C. 20013 202/833-4160	National information center to help parents find out about rights, how to get services, and locate a local group. Publishes a free newsletter, The Closer Report, with much helpful information.
Down's Syndrome Congress	Ms. Betty Buczynski 16470 Ronnies Drive Misawaka, In 46544	National information service for and by parents of Down Syndrome retarded children; publishes a monthly newsletter on new information of special interest ($5 a year).
Epilepsy Foundation of America	1828 L St., N. W. Washington, D. C. 20036 202/293-2930	A national agency for people with epilepsy. Provides free information on epilepsy and its consequences and educational materials to individuals and groups dealing with seizures disorders. Provides referral service, monitors related legislative activity, and is a strong advocate to help obtain needed services and rights for those with epilepsy.
Mental Health Association, National Headquarters	1800 North Kent St. Arlington, VA 22209 703/524-3352 703/524-4230	Provides referral services for parents as well as delivering workshops and seminars on the various aspects of mental health. Makes available to the public a large collection of free literature.
National Assoc. for Retarded Citizens	2709 Ave. E. East P. O. Box 6109 Arlington, TX 76011 817/261-4961	Has over 1900 state and local chapters; promotes programs for retarded children and their families.
National Assoc. for Visually Handicapped	305 East 24th St. New York, NY 10010 212/889-3141	Provides free learning materials for parents to help their children, including large print books and a monthly newsletter to keep families informed on the new techniques used with the visually handicapped.

NAME	ADDRESS	SERVICE
National Easter Seal Society for Crippled Children and Adults	2023 West Ogden Ave. Chicago, IL 60612 312/243-8400	National organization to provide rehabilitation services to persons with physical handicaps. Local societies are throughout the country.
National Hemophelia Foundation	25 West 39th St. New York, NY 10018 212/869-9740	Provides free literature on Hemophelia and the handicapping conditions which can result from this disease. Provides referral services and was directly responsible for the establishment of 23 diagnostic centers for Hemophelia across the country which provide training and rehabilitation.
National Multiple Sclerosis Society	205 East 42nd St. New York, NY 10017 212/986-3240	A voluntary health agency. Provides literature, counseling, training, referral. group recreational activities, loans of special equipment and financial support of Multiple Sclerosis Clinics in local hospital. Local chapters can be found throughout the country.
National Society for Autistic Children	169 Tampa Ave. Albany, NY 12208 518/489-7375	National organization with information on the education and welfare of children with severe needs in communication and behavior.
Spina Bifida Assoc. of America	343 S. Dearborn Chicago, IL 60604 312/662-1562	National association to distribute information to parents and professionals; has local chapters throughout the country.
United Cerebral Palsy Assoc., Inc.	66 East 34th St. New York, NY 10016 212/481-6300	National association for information and service needs to families with a child with cerebral palsy.

Taken from: Hand in Hand: Parents and Educators Planning Special Education for the Child, Mid-East Regional Resource Center.

STEPS FOR CONDUCTING A PARENT-INVOLVEMENT SURVEY

1. Review the questionnaire and make any modifications that you feel are necessary to make it appropriate for the parents and educators in your district.

2. Duplicate the questionnaire.

3. Disseminate the questionnaire through teachers' boxes or the mail. If the survey is mailed to parents, it would be a good idea to enclose a cover letter stating the purpose of the survey, and a stamped addressed envelope for convenient return of the survey.

4. Collect the questionnaires and analyze the responses. You may want to total parent and educator responses separately to see if there is a significant difference.

5. Use the information from the questionnaires to plan a program to improve the parent-educator partnership.

Note: In some cases you may wish to collect the information from parents through an interview. This may be done over the phone or through a home visit.

PARENT-SCHOOL QUESTIONNAIRE

The purpose of this survey is to determine the areas in which parents and educators of handicapped children want information and/or training.

- -

Instructions: Please circle the numbers of the items in which you would want to receive information and/or training.

1. What are the benefits of the parent-school partnership?
2. What should I know about laws for education of the handicapped?
3. What will a child be able to do, or not be able to do, if s/he is handicapped?
4. How should the Individualized Education Program be written?
5. How can parents and schools work better together?
6. Other (please explain)

____

____

____

____

What is your position?

___parent

___educator

___other________________________

STEPS FOR PLANNING A PROGRAM TO IMPROVE THE PARENT-EDUCATOR PARTNERSHIP

1. Establish a core planning group. The group should be composed of educators, parents of handicapped students, administrators and possibly support personnel.

2. Select a chairperson.

3. Review the planning form and modify it if necessary so that it will be appropriate for your use.

4. Conduct a survey of educators and parents of handicapped students to determine areas in which information and/or training is needed.

5. Review the results of the survey and identify the top priority needs of parents and educators.

6. Write the needs as objectives on the top of the planning form. You will need one planning form for each objective.

7. Review the sections of Benefits for All: Resources for Developing the Parent-Educator Partnership which correlate with the identified needs.

8. Select the activities from the resource book which you feel would accomplish the objective.

9. List the activity and the tasks needed to complete the activity you selected, as well as when the task should be completed and who is responsible.

Note: See the sample planning form which has been completed if you need additional help.

10. Identify a contact person for each objective.

11. Designate responsibility for completion of each activity.

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PLANNING FORM

School District:________________________

Contact Person:________________________

____
Telephone Number

Objective:____

ACTIVITY (What to Do)	AUDIENCE (Who Will Benefit)	TASKS (Steps to Accomplish It)	WHEN (Date Tasks Should be Completed)	WHO (Who will be Responsible

PLANNING FORM

School District:____________________ Contact Person:____________________

____
Telephone Number

Objective: To provide information on the roles and responsibilities of parents and educators in the IEP Process

ACTIVITY (What to Do)	AUDIENCE (Who Will Benefit)	TASKS (Steps to Accomplish It)	WHEN (Date Tasks Should be Completed)	WHO (Who will be Responsible
1. An evening meeting for parents and educators beginning with pizza and soft drinks, followed by a talk on parent and educator roles and responsibilities.	1. Parents and educators from Jr. High	1. Select a date and occasion	3/27	Wichita/MRRC
		2. Develop agenda	4/15	MRRC
		3. Locate/contract with consultants	4/20	Wichita/MRRC
		4. Make local arrangements	4/5	Wichita
		5. Invite parents and educators and publicize		
		6. Design evaluation	4/15	MRRC
		7. Conduct inservice	5/9-10	Wichita/MRRC

FOR PARENTS ONLY...

practical advice to parents on special education

Midwest Regional Resource Center

1979

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Arkansas State Department of Education
Little Rock, Arkansas 72201

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Drake University
1332-26th Street
Des Moines, Iowa 50311
(515) 271-3936

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PREFACE

For Parents Only is a handbook written for parents of handicapped children. This handbook provides parents practical suggestions on how to work with school personnel to plan an appropriate educational program for their child. There is no one parent or educator who can do it alone. The handicapped child needs assistance from parents, principals, special and general education teachers and possibly other specialized personnel. The key to meeting the exceptional needs of the handicapped child is working together. It is with this idea that this handbook was written.

In preparing this handbook, the Midwest Regional Resource Center wishes to thank Roger Kroth, Lucille Hart and Joyce Shaffer for their worthy assistance in reviewing and editing. The Center also expresses gratitude to Kathy Glenn for her motivating graphics that appear throughout this document.

Raymond L. Feltner
Project Director

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FOR PARENTS ONLY...

practical advice to parents
on special education

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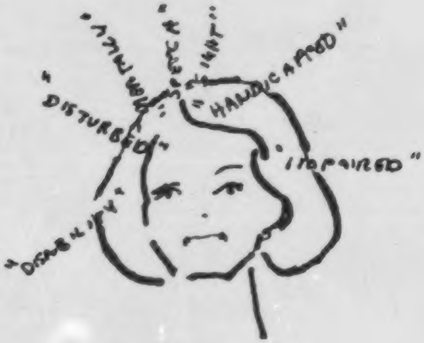
EAM

For a child with exceptional needs, learning is difficult without special help. Parents and educators share the most significant roles in providing the child with the help he needs. Separately and together, they provide the exceptional child with opportunities to learn, with the knowledge, skills and incentives needed to become an independent, productive adult. (1)

The United States Congress recognized these benefits and addressed parent involvement specifically in a recent law. Passed during the 94th Congress as the 142nd law, this federal law provides a free and appropriate public education to all handicapped children. Under this law, referred to as Public Law 94-142, you, as a parent of a handicapped child, have the right and responsibility to join educators in developing an appropriate educational program for your child. For Parents Only... has been designed to assist you in working with educators in a cooperative effort. This handbook provides information about special education and practical suggestions on how to work with school personnel.



HOW ARE HANDICAPPED CHILDREN DEFINED?

Many children have mental, physical, emotional or learning problems that make it difficult for them to be part of a school program without special help. You may hear words such as, "handicapped," "emotionally disturbed," or "mentally retarded" to describe these children. These words are used to describe children who require special education as defined by law. These definitions are used to report to the State and Federal government and to obtain the extra State and Federal funds that are available for special education services. Most classifications are based on the results of tests and examinations and the judgments of a variety of professionals.

As a parent it is important for you to understand the terms used to describe children who may require special education so that you can communicate with the educators in your school district. This section of the handbook gives a general introduction to these definitions. (2)

The Federal law defines the following children as handicapped:

> mentally retarded, hard of hearing, deaf, orthopedically impaired, other health impaired, speech impaired, visually handicapped, seriously emotionally disturbed, or children with specific learning disabilities who by reason thereof require special education and related services. (3)

If you are told that your child is emotionally disturbed, tests and examinations have revealed that your child has significant problems relating to other children and adults such as parents or teachers. Your child could be often unhappy and have a hard time accomplishing things that he/she has the ability to do at home or at school.

There is no easy way to know whether or not your child is emotionally disturbed, but if your child's behavior is extremely different from the behavior of other children of the same age and is extremely disturbing to other adults and children, he/she may need special help.

If you are told that your child is mentally retarded, tests and examinations have shown that your child shows an inability to learn and adapt at the same rate as other children. As the parent of a young child identified as mentally retarded, you may have noticed that your child's language and physical development is considerably slower than that of children of the same age or that your child seems unable to learn new skills as rapidly as others of his/her age.

Mental retardation can be mild, moderate, or severe. School districts use three general categories to describe mentally retarded children. The categories can be useful for reporting and planning purposes.

If you are told that your child is an educable mentally retarded child, this means that individual intelligence and other test results have shown that your child may learn somewhat more slowly than other children of the same age. You may be told that on intelligence tests your child has scored between 50 and 75.

If you are told that your child is trainably mentally retarded, this means that individual intelligence and other test results have shown that your child may learn and develop at a slower rate than other children of the same age. You may be told that your child has an IQ of 25-50.

If you are told that your child is severely or profoundly retarded, this means that individual intelligence and other test results have indicated that your child may learn and develop at a substantially slower rate than other children of the same age.

Many retarded children do not fit into one category. Your child may be educably mentally retarded in language development and trainably mentally retarded in physical development. However, understanding the categories that are commonly used may help you work more effectively with your school and community agencies.

If your child has a speech/language impairment, you or a teacher may have noticed that your child has difficulty talking. The child may substitute one sound for another, like "f" for "s", be unable to make certain sounds, leave sounds out, make some speech sounds that cannot be understood, stutter, or have difficulty understanding or using words or sentences.

Your child may have a problem seeing. If the problem is severe, you may be told by an eye doctor that your child is legally blind. This means that your child has a severe vision loss. Your child may be able to use his/her vision in some situations, but cannot use the sense of sight for ordinary purposes.

You may be told that your child is partially sighted. This means that your child can, with glasses, use his/her vision. Your child may be able to learn to read regular print with glasses or to read special books that are printed with large type.

Your child may have a less serious vision or eye problem. If your child squints or rubs his/her eyes, frequently holds books too close, has frequent eye infections or redness or pain, your child should be examined for a vision problem.

Your child may have difficulty hearing. If you are told by a doctor that specializes in hearing problems that your child is deaf, this means that he/she cannot use the sense of hearing for ordinary purposes. Because of the severe hearing loss, your child will need specialized training to learn to talk, either with speech sounds or with sign language or both.

If you are told by an ear specialist that your child is hard of hearing, this means that your child has a serious hearing loss, but can use the sense of hearing either with or without a hearing aid for ordinary purposes. Your child may need special training.

Your child may suffer from a less serious hearing loss. If your child often has earaches, asks to have instructions repeated, turns one ear to the speaker, strains to hear, speaks excessively loudly or softly, or has trouble discriminating sounds, your child should be examined for a hearing problem.

If your child has a physical problem such as cerebral palsy, heart disorders, disorders of the nervous system or another health or medical condition, your child may be considered by the school to be physically handicapped.

If your child has two or more primary handicaps such as deafness and blindness or severe emotional disturbance and mental retardation, your child may be considered by the school to be multiply handicapped.

Children, who are identified as learning disabled, have a disorder in one or more of the mental processes needed to receive, organize, or express information. As a result, the child can have difficulty in listening, thinking, speaking, writing, spelling, or arithmetic. A learning disability is not primarily due to a physical, mental or emotional handicap or to environmental, cultural, or economic factors. (4) In other words, if your child is learning disabled, your child has difficulty learning, not because he is mentally retarded or hard of hearing, but because your child may have problems receiving, organizing, or expressing letter sounds or words.

WHAT IS SPECIAL EDUCATION?

Special education is defined by Public Law 94-142 in the following manner:

> "... specially designed instruction,
> at no cost to parents or guardians,
> to meet the unique needs of a
> handicapped child, including

> classroom instruction, instruction in physical education, home instruction, and instruction in hospital and institutions." (5)

Using the previous definitions, you and the specific educators, who have information regarding your child, will need to determine the following:

> Does your child actually have one or more of the handicapping conditions listed previously?
>
> Because of this handicapping condition, does the child require special education and related services, as they are defined above?

Children ranging in ages from 3 to 21 years may be entitled to special education and related services. This may not apply, depending on your own state's laws, for children in the 3 to 5 and 18 to 21 age range. Contact your local school district's Director of Special Education or School District Superintendent for your state's information on these ages.

HOW TO PLAN FOR YOUR CHILD'S SPECIAL EDUCATION

Public Law 94-142 states that after September 1, 1977, your handicapped child and each child receiving special education services must have an Individualized Education Program or IEP. The IEP is developed on an individual basis. It outlines what your child's specific needs are and how they can be appropriately met. Special education and related services are provided for your child after you and school personnel together determine what your child's greatest needs are. The IEP also states why your child is receiving these special education services. However, most importantly, the IEP provides an organized format for you and school personnel to use when you are planning an appropriate education for your child.

WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?

The term, individualized education program or IEP, conveys important information to you, as a parent. First, "individualized" means that the IEP must be addressed to the educational needs of your child alone, rather than a class or group of children. Second, "education" means that the IEP is limited to those elements of your child's education that are more specifically special education and related services, as defined in Public Law 94-142. This means that if your child is having problems only in math, the IEP will address itself only to your child's math problems. There won't be anything in it concerning reading or speech. Third, "program" means that the IEP is a statement of what will actually be provided to your child, rather than a plan that provides guidelines from which a program must later be developed. (6)

The IEP assures that, when your child requires special education, it be appropriately designed to meet his/her special learning needs, and that the special education program outlined in the IEP is actually provided.

WHAT THE IEP MUST CONTAIN

- Your child's present level of performance. This is a statement of where your child is functioning today. It's not just test scores, but rather statements about your child, gathered from observation and teacher interaction.
- Your child's annual goals and short term objectives. Goals and objectives are statements that say what your child is expected to learn over a certain period of time. Most IEP goals are for the total school year. Objectives are for shorter amounts of time.
- The special education and other services that will be provided to help your child meet these goals and objectives.
- The dates special education and other services begin, and the length of time they will be provided for your child.
- The amount of time your child will be able to participate in the regular school program.

- The dates and methods for evaluating your child's performance and the effectiveness of the program in meeting your child's needs.

The IEP should give you a clear understanding of the expected progress of your child by beginning where your child is today, and stating the goals that will hopefully be achieved by the end of the year. As a parent, you hold a wealth of information about your child to share with the school personnel on developing the IEP.

HOW IS AN IEP DEVELOPED (7)

The IEP is developed in a meeting by a team. This meeting may be called a Placement Committee Meeting, an IEP Meeting, or a Staffing. The Federal law is specific about the persons to be involved in developing the IEP to insure that all persons with information about the child have input in making decisions representing the child's best interests. Therefore, one member

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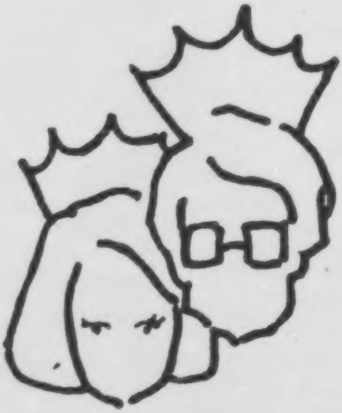
of the team should be an administrator of the local school district or a supervisor of special education. This person must be involved to assure that staff, space, and money needed to implement the IEP are available.

Another member of the team is "YOU", the parent.



You possess important information about your total child - his or her development, preschool history, and unique needs - which is critical to the program. Further, the Federal law gives you the responsibility to be participants in all decisions about your child's educational program. You have the opportunity to share what you believe is proper for your child's educational needs, along with the other members of the team. You are not required to attend this meeting, but it is to your benefit and your child's benefit to work cooperatively with school personnel in planning your child's education. This is where you can make the biggest contribution to your child's education, by taking part in the decision making and planning.

The child's teacher is another member of the IEP team. Teachers are the primary persons responsible for putting the IEP into action. Therefore, they must be involved in program planning and placement decisions. The teacher is in a qualified position to assess the proper setting, skills and supportive services needed to meet your child's instructional needs. The teacher also provides a means of communication between classroom and home - an essential part of successful programs. Including the teacher on the team reduces the possibility of breakdown in important communication and helps eliminate misunderstanding and confusion for you about your child's program. Additionally, the teacher can more easily put the IEP into action by being involved with the IEP team.

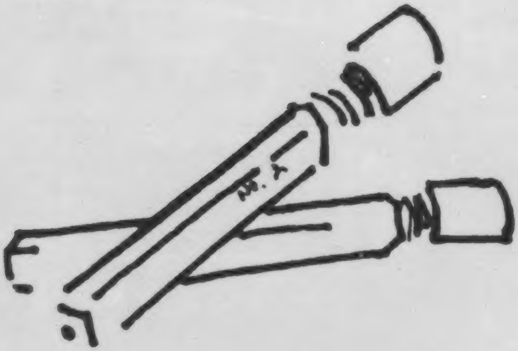
A fourth member of the team may be your child, if believed appropriate. In the past, children may not have had an opportunity to give their views on their own program. Your child, as part of the team, now has the potential opportunity to relate his/her feelings, desires, and reactions to decisions as they are developed. This type of input can prove valuable in writing an ideal IEP.

If your child has been evaluated for the first time, then a fifth member of the team is needed to attend the IEP meeting. This would be someone familiar with the testing administered to your child. This evaluator can explain testing procedures, purpose for selection of tests and results from the administration of the tests.

At the IEP meeting, members of the team: 1) share information that helps to identify what your child's needs are; 2) plan how to meet those needs; and 3) determine where those needs can be met. This information is recorded on an IEP form.

The sequence of these three steps is significant. Identifying your child's educational needs and describing your child's specially designed instruction must be accomplished prior to considering appropriate program placement. This provides a rationale for placing your child in any program. This means the "MR classroom" is only appropriate for the "MR child," if it addresses a specific educational need such as one-to-one instruction.

For many parents, the IEP meeting may be the first time they have met with school personnel, and they may feel uncomfortable. School personnel, not experienced in working with parents to develop a child's IEP, may also feel uncomfortable in encouraging parent's participation. However, the law recognizes the benefits of parent participation in this planning, and requires the school to encourage parent participation. In order to make your participation meaningful, a list of suggestions follows.



WHAT TO DO BEFORE THE IEP (8)

Prior to the IEP meeting, you, as a member of the team, might consider gathering some information regarding your child. The following suggestions will help you gather and organize that information. These are not things you must do, but ideas or suggestions of the kind of information that would help you be a more active team member, and also be of interest to school personnel.

- Make an appointment to visit your child's classroom to observe your child in the instructional situation with other students.

- Start a notebook on your child's developmental educational history:

  List names, addresses and phone numbers of persons you've contacted regarding your child, and the dates of the visits and phone calls. Record as much as you can about what was said, the questions asked, answers given and recommendations made.

Acquire copies of important information appropriate to making education decisions about your child, (i.e. physician's report and medical history, reports and dates of any testing results, record of attendance, and letters regarding services received by your child).

Try to have all relevant information and records about your child organized and ready for quick reference.

- Talk to your child. Get some first hand information on how s/he feels about school. Know how the school day is organized and the names of teachers and programs that occupy his/her day. Find out what s/he likes and doesn't like about school. Ask him/her what he'd like to do better.
- Keep records of your child's behavior at home, so that you can accurately share information with school personnel. Such information as your child's home responsibilities, interests, likes and dislikes, typical daily schedule, interaction with brothers and sisters and neighborhood youth should be noted.
- Make out a list of questions that you want to ask team members regarding your child's needs. (See IEP Checklist for Parents in the Appendix for some suggested questions.)

- From the information collected and from talking with your child, make a list of some thoughts to share at the IEP meeting. As a member of the team, be prepared to share your feelings regarding your child's needs and expectations. (For example, you may want him to be able to walk by the end of the school year.)

- Make a list of suggestions that you would like to see written into your child's educational plan.

WHAT TO DO AT THE IEP MEETING (9)

Developing the IEP is a team effort conducted cooperatively by parents and professionals. The meeting to develop the IEP should accomplish the following:

- Provide each member of the team with a clear picture of your child's strengths and weaknesses;

- Identify, in order of importance, your child's educational needs, and what goals

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can reasonably be accomplished within the school year;

- Specify objectives leading to the accomplishment of each goal;
- Determine how to teach your child, and explore what materials are likely to be needed;
- Explore possible program and placement alternatives for your child.

The following suggestions may be helpful to you when you are actually at the IEP meeting.

- Be on time for the scheduled meeting. If you cannot make the appointment, notify the school in advance. This lets school personnel know you are aware they have busy schedules, and that someone else may be able to use your cancelled appointment time.
- Find out how much time has been scheduled for your child's IEP meeting. This will help you in planning when to provide your information, before school personnel have to go to the next meeting.
- Be attentive. Pay attention to what information is being shared about your child. Take notes if you wish. Do not hesitate to ask questions if you don't understand something. Educators, especially special educators, tend to use jargon. If you do not understand the meaning of some terms, ask for an example or demonstration of what they mean.

Remember the IEP should be clearly understood by all. Test scores without explanation of what they mean are inappropriate. Be sure that present level of performance supports the student's goals and objectives.

- Be prepared to share relevant information about your child. A specific observation of an incident may be more helpful than a generalization. Be brief but concise. Share information that can be used by the team in determining the student's special needs and most effective programming. Have copies of letters and records organized and quickly available, if requested.

- Go into the IEP meeting with a positive attitude. Actively participate in the development of your child's educational program.

  A problem may arise if you go into this meeting with decisions already made. Listen to what other members have to say. Ask questions and request to see all of the information. But, try not to create an atmosphere of parent vs. school. Remember the purpose of the team approach in developing the IEP is to consider all the information available before the team comes to any decision.

  The schools are interested in doing what is best for your child. Help create an atmosphere where information is shared freely. Keep in mind that this is a new experience for most schools. Your participation, as a positive member of the team, can help create an atmosphere where an effective IEP is developed.

WHAT TO DO AFTER THE MEETING (10)

Using the IEP goals and objectives, your child's teacher and other educational personnel will be responsible for planning daily instruction for your child in school. Following are a few suggestions on how to continue your involvement with the school and to begin to work with your child at home in some of the same skill areas as the teacher is working to develop.

Visit your child's classroom

This is particularly important when your child goes to a different class or school than s/he attended previously. In any event, try to make periodic visits to the school, by appointment. You can observe firsthand your child's progress, talk over problems and successes, and ask for changes in your child's program where appropriate. Observing your child's classroom and conferring with the teacher(s) not only keeps you up to date on what's happening with your child in school, but also allows you to convey your interests and concern. This will encourage and sustain the teacher's efforts with your child. Visits to your child's class while it is in session are most appropriate if your child is in the primary grades. With older children, especially if they are in an integrated program, it may be best to simply talk to the teacher after school. Classroom observations can give you ideas about how to be more effective with your child at home and to learn what is realistic for your child.

Arrange for a home visit

If you work during the day and are unable to visit school, here is an alternative. Invite your child's teacher to your home. This is particularly important if you cannot visit school. It will also encourage and sustain the teacher's efforts with your child.

Volunteer to assist in your child's classroom

Many special education programs utilize parent volunteers in the classroom. Some programs provide training for parent volunteers. Find out if your child's school has such a program, and if so, consider becoming a part of it. Parent volunteers can observe and acquire effective teaching skills which can later transfer to the home situation. Some programs arrange for parent volunteers to work in the classroom with a child other than their own - at least initially. In any event, the experience is usually a very valuable one for parents of children with exceptional needs.

Participate in parent training programs

More and more programs are being offered in the schools to train parents of handicapped children to work with their children at home. If your school does not have such a program, you might suggest that one is started and help organize it.

Some of the home intervention programs rely on group meetings and written assignments as a way of teaching parents. Other programs combine parent training with in-classroom experience. Parents can acquire the skills necessary to be effective teachers of their children at home, and can learn how to more closely match home training with the child's classroom instructional program. An added advantage of participating in a parent training program is the opportunity to interact with other parents of handicapped children. You usually find out that other parents have problems similar to your own in managing child behavior, fostering self-help skills, etc. You can also exchange helpful ideas and feel supported by other parents in the group.

Parent training sessions may be in the form of short courses over a period of weeks or one day workshops: they can cover a wide range of topics from how to teach your child specific skills, such as dressing or riding a bus, to general behavior management techniques.

Find out what's offered in your school and community and sign up for a training session! If that's not possible, do some studying on your own. Numerous books and magazines designed to assist parents to teach their handicapped child are available. Many of these resources can be found in your local public library.

Reinforce classroom instruction with home instruction

With the emphasis on parent involvement in educational programming, you will be invited to discuss your child's short term instructional objectives with the teacher and other professionals. Use this opportunity to select, with the help of the teacher, a skill area in which you can work with your child at home. Encourage your involvement to be written into the IEP, reinforcing your active participation on the team. Get the teacher's help in the following areas:

- Developing an instructional objective;
- Selecting a teaching method and some instructional materials if necessary, and;
- Assuming the responsibility for helping your child to reach that objective.

Parents can be working with the child at home on one of the same skill areas that the teacher is working on or on a different skill. Either way, it is important to find out from the teacher what teaching methods s/he is using with your child so that you can have consistency between home and school. By doing this you can maximize your child's chance for successfully meeting the objective. Consistency in the approach is critical and especially important for children who are severely handicapped. For example, parents should initially use the same words in giving directions that the teacher uses (e.g., "*Get* the ball" versus "*Find* the ball" or "*Bring* me the ball") so that the child will not be confused. Later, of course, it will be important to provide the child with practice in responding to a *variety* of different words.

WHY BE INVOLVED IN IMPLEMENTING YOUR CHILD'S EDUCATIONAL PROGRAM

The importance of learning to develop a systematic program for teaching your child at home, and of keeping in close touch with your child's teacher(s) cannot be overemphasized. Here are a few convincing reasons why you should become actively involved in the implementation of your child's educational program: (11)

- Without effective parent involvement, the effect of even the best classroom program cannot be fully achieved.
- Training parents of preschool children has beneficial carry-over effects to

other children in that family.

- Planned home training by parents, when combined with a classroom for the child, can almost double the rate at which the child learns a particular skill.

- Since parents of handicapped children will have greater responsibility for their child over a longer time period than parents of normal children, they need teaching and "parenting" skills beyond those required by parents of normal children.

Keep communications lines with school personnel open. Share the responsibility of the team in planning and carrying out educational decisions made regarding your handicapped child. By working actively with the school, the benefits to your handicapped child are numerous.

Your effort in working with the school creates a better understanding of your handicapped child's needs. Only through this understanding can the most appropriate individualized educational program be developed and implemented for your handicapped child.

IF A PROBLEM SHOULD ARISE

In the process of participating with your school in planning your handicapped child's education, questions and problems may arise. From time to time there may be things that concern or disappoint you. You may find things you would like to change.

If you have concerns about your child's education, first make every possible effort to resolve them informally. Here are some suggestions: (12)

- Set up an appointment to discuss your concern, either by scheduling a meeting or a phone conversation. It's best to preface a phone call with a note, asking to call you when they have time to talk about ... and write your concern. Make sure to allow enough time to deal with the issue.

- Be sure you meet with the individual that can solve your problem. This means, if your child is having problems in his classroom, you'd speak with his teacher and not the principal. You may want to involve the principal later, but you are most likely to find a solution to your problem by going about it directly.

- Be objective. Present your concerns in a way that someone else can respond to with equal concern and interest. Don't create a defensive atmosphere where arguments are heard in place of solutions. Use facts to explain your concern, not feelings. Give them the facts so they can do better.

- Don't let emotion destroy your conference. As soon as the conversation loses emotional control, when you feel mad or defensive, bring up one of the positive pieces of feedback. Praise is something you can all agree on. Stay on that topic until emotional control is resumed. Then, go on to any more corrective information you want to put out.

If an informal approach doesn't result in a satisfactory solution to your problem, talk to the school principal and the special education director of your district. In many cases, your concerns can be resolved at these levels. There are steps you can take in finding a solution to your concerns. While they may not always bring immediate action, over the long run they can bring about change not only for your own handicapped child, but for other handicapped children needing services.

Be sure that the appropriate personnel in the special education department really are aware of your child's situation. One example, when this might be appropriate, is when no program currently exists for your child. It is discouraging to be told after your child has been diagnosed and found to be in need of special services that your school is unable to provide the program s/he needs. Making the special education department aware of the situation would include giving them all the necessary diagnostic reports and recommendations. Keep informed of new programs, and keep your lines of communication to the school staff open.

You may want to bring the problem before the local Board of Education. Letters to board members and appearances before the Board may result in immediate help for individual problems, and can also lead to planning for new programs. Make certain that communications to and from school officials are in written form. If information is conveyed by telephone, ask for a letter of confirmation so that your record is complete.

Get in touch with your State Director of Special Education. You may find that he is aware of the particular problem you are experiencing and may be taking steps to fill the gap as quickly as possible. He may also welcome your testimony as evidence of the need for increased funds for additional programs.

WHAT ARE THE RESOURCES FOR PARENTS OF HANDICAPPED CHILDREN

It is important to all of us to know that there is someone we can depend upon for help when we need it. Sometimes we need practical help, as when we rely upon an attorney to define our legal rights and protect our interest in court. Sometimes we need emotional help, as when we turn to a friend for sympathy and understanding. A handicapped child has special needs. In many ways your child needs the help of other people even more than the rest of us do. Like all children, your handicapped child needs at least one caring adult to help him/her develop while very young. But, unlike other children, your handicapped child is likely to need a great deal of continued support as he/she grows older. Even as an adult, there are situations your child may not be able to handle independently. Your child may need the commitment of someone else who is willing to help. This can put tremendous demands on you, as parents of handicapped children, both financially and emotionally. Many parents have joined state and national organizations. Some of these are especially designed for parents of handicapped children. These organizations can help keep you informed of pertinent information affecting your handicapped child.

Check in your local phone book to see if one of these organizations is listed:

- National Association for Retarded Citizens
- Council for Exceptional Children
- Association for Children with Learning Disabilities
- National Association for Mental Health

For more information about these and other parent groups, please see the Appendix.

The importance of parent groups cannot be over-emphasized. The progress that has been made in the last few years for your handicapped child is largely a result of their efforts. Listed below are some of the services provided by parent groups:

- Information and support to parents of handicapped children
- Preschools
- Camps
- Job training programs
- Experts on hard-to-find services
- Newsletters

- Magazines
- Reading lists
- Workshops
- Training for volunteers
- Social and recreational programs for handicapped young adults

Here are some other resources for providing parents of handicapped children with information:

- Center On Human Policy
  216 Ostrom Avenue
  Syracuse, NY 13210 (315) 423-3851

- Children's Defense Fund
  Washington Research Project, Inc.
  1520 New Hampshire Avenue, N.W.
  Washington, DC 20036 (202) 483-1470

- Closer Look
  National Information Center
  for the Handicapped
  P.O. Box 1492
  Washington, DC 20013 (202) 833-4160

- National Center for Child Advocacy
  Office of Child Development
  Department of Health, Education and Welfare
  P.O. Box 1182
  Washington, DC 20013 (202) 755-7747

You may wish to obtain a copy of P.L. 94-142 for more information. Copies of this Federal law are available from these places:

- Superintendent of Documents
  United States Government Printing Office
  Washington, DC 20402
- Library
- Congressman

You, as a parent, will be more effective in assuring that your handicapped child receives the most appropriate education when you work together with the school. It is important to remember that you have a unique understanding of your child because you are the parents. The heart of the new special education law lies here. It is crucial that you, as the parent, be an active team member in the development of the IEP in order to insure that it will meet the unique needs of your handicapped child. Making decisions about your handicapped child is a shared responsibility. When you work closely with the school, there is a much better chance for your child to receive the kind of programming s/he really needs. Children benefit the most when there is active and cooperative participation by parents and school personnel.

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9 - 12 Ibid.

APPENDIX

IEP CHECKLIST FOR PARENTS

IEP REQUIREMENTS

1. Present Levels of Educational Performance

QUESTIONS

What areas are covered (reading, writing, math, speech, language, social, self-help)?
What assessment was done in the skill areas? When?
Was the assessment thorough?
Do the results match your knowledge of the child's ability?

2. Annual Goals

QUESTIONS

Are they based on assessment of your child's present performance?
What changes are expected in your child's behavior?
Given your knowledge of your child, are they appropriate?

3. Short-term Instructional Objectives

QUESTIONS

Will they help your child reach the stated goals?
Can your child's progress on each objective be measured?
Could _you_ tell if your child has mastered the objective?

Adapted from a paper prepared by Eugene Edgar and Leonard Kenowitz. University of Washington. 1977.

4. Evaluation Procedures and Review Date

QUESTIONS

How will your child's progress be measured?
When will the team meet to review/revise the IEP?

5. Placement Recommendation

QUESTIONS

What makes this placement appropriate to your child's needs?
Will your child be in contact with non-handicapped peers?
How often?

6. Special Education and Related Services

QUESTIONS

What services does your child need (speech therapy, physical therapy)?
Will they be provided?
By whom?
How often?
When will the services begin and end?

APPENDIX

PARENT GROUPS
AND
OTHER SOURCES OF INFORMATION

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091 (800) 336-3728

National Association for Retarded Citizens
2709 Avenue E, East
Arlington, Texas 76011 (817) 261-4961

Association for Children With Learning Disabilities
5225 Grace Street
Pittsburgh, Pennsylvania 15236 (412)881-1191

National Society for Autistic Children
169 Tampa Avenue
Albany, New York 12208 (518) 489-7375

National Association for Mental Health, Inc.
1800 North Kent Street
Arlington, Virginia 22209 (703) 528-6405

National Federation of the Blind
6217 Lebanon Avenue
Philladelphia, Pennsylvania (215) 879-0670

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910 (301) 587-1788

The Arthritis Foundation
475 Riverside Drive
New York, New York 10027 (212) 677-5790

Cystic Fibrosis Foundation
3379 Peachtree Road, N.E.
Atlanta, Georgia 30326 (404) 262-1100

National Easter Seal Society for
Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612 (312) 243-8400

Epilepsy Foundation of America
1828 L Street, N.W.
Washington, DC 20036 (202) 293-2930

National Foundation - The March of Dimes
1275 Mamaroneck Avenue
White Plains, New York 10605 (914) 428-7100

American Association for the Education
of the Severely and Profoundly Handicapped
1600 Armory Way West
Seattle, Washington 98119

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016 (212) 889-6655

Arkansas Society for the Prevention of Blindness
No. 6 & McKinley
Southland Plaza Building
Little Rock, Arkansas 72205
666-0240

Arkansas Association of the Deaf
1312 Marilyn Drive
Little Rock, Arkansas 72205
TTY 225-7325

Arkansas Rehabilitation Association
P. O. Box 3781
Little Rock, Arkansas 72203
371-2502

Arkansas Environmental Barriers Council
P. O. Box 7601
Little Rock, Arkansas 72217

Arkansas Association for Hearing Impaired Children
2214 North Palm
Little Rock, Arkansas 72202
661-1444

Arkansas Epilepsy Society
4120 W. Markham, Suite 101
Little Rock, Arkansas 72205
376-4171

Arkansas Handicapped Athletic Association
P. O. Box 55042
Hillcrest Station
Little Rock, Arkansas 72205

American Amputee Foundation
1700 West 13th Street, Room 350
Central Baptist Hospital
Little Rock, Arkansas 72202
378-0094

ARKANSAS COALITION
FOR THE HANDICAPPED

YOUR HANDICAPPED CHILD'S RIGHT TO AN EDUCATION

ARKANSAS COALITION
FOR THE HANDICAPPED

EC 140387
371

THE LAW

The Education for All Handicapped Children Act of 1975 (P. L. 94-142) was written to assure that all handicapped children will have access to a free appropriate public education and that the rights of these children and their parents are protected.

Education for the children of Arkansas has made a fundamental advance with the passage of Act 102, the Handicapped Children's Act of 1973. For the several thousands of Arkansas children who have handicapping conditions, this law ensures that no restrictions be placed on their right to secure the benefits of free public education and that they, along with all Arkansas children, have the opportunity to participate fully in the educational process. Your child has the right to an education in with his/her normal peers unless clear evidence indicates otherwise. The regulations implementing Section 504 of the Rehabilitation Act of 1973 ensures that a child cannot be refused placement in the most appropriate classroom simply because the building is inaccessible.

Those eligible under the law are handicapped children between the ages of 5 and 21 who are mentally retarded, hard of hearing, deaf, speech impaired, visually impaired, emotionally disturbed, physically handicapped, specific learning disabled and/or otherwise health impaired. These handicapped conditions may range from mild to severe.

So that your handicapped child can get an education, you will need to work with the schools to see that the following steps are taken:

STEP 1. IDENTIFICATION AND REFERRAL OF YOUR CHILD.

STEP 2. EVALUATION OF YOUR CHILD.

STEP 3. PLACEMENT OF AND PROGRAMMING INCLUDED IN THE INDIVIDUAL EDUCATION PROGRAM FOR YOUR CHILD.

STEP 4. REVIEW OF CHILD'S PROGRESS.

STEP 5. ATTENDANCE BY YOUR HANDICAPPED CHILD.

STEP 1. IDENTIFICATION AND REFERRAL OF YOUR CHILD.

Your local school district is required to locate and provide educational services for all handicapped children, but . . . DON'T COUNT ON IT. Unless you tell the school district that your child is handicapped and is not receiving an education, the schools may not know that he exists.

The best way to let your director of special education and principal know that your child is handicapped and needs an educational program is to send a letter.

Sample Letter

Your address

Your telephone number

Date

Name of the Principal of your area school

Address . . . City, State and Zip Code

Dear Mr. or Mrs.

This is to notify you that our child (name) may be handicapped and needs a special program in order to reach his/her maximum potential. (Child's name) was born on (birthdate). Please schedule an evaluation for my child as soon as possible.

Sincerely,

(Sign your name)

Instructions

Send one copy of this letter by registered mail to the principal of your area school.

Send one copy of the letter to the Director of Special Education of your local school district.

Keep one copy of the letter for your records.

If you do not hear from the Director of Special Education in two weeks, send a copy of your letter to the DIRECTOR OF SPECIAL EDUCATION, STATE DEPARTMENT OF EDUCATION, LITTLE ROCK, ARKANSAS 72201.

STEP 2. EVALUATION OF YOUR CHILD.

When the principal of your area school receives your letter you will be contacted to attend a Referral Conference to meet with the principal, classroom teacher, special education teacher and/or other professionals who may have information about your child. The members of this conference (including yourself) will make recommendations regarding how the evaluation procedure will be carried out. The evaluation may be given by people who work for the school district or others qualified to conduct it after you give your signed informed permission.

As a minimum, the evaluation consists of measures of academic performance, adaptive behavior, intellectual skills, language assessments, behavioral observation in your child's normal environment, complete records of social history, family and school medical history and other agency and school records. Other specific tests may also be used if necessary. All information obtained from the evaluation will remain confidential and will only be given to other agencies or schools with your permission.

All evaluation procedures should at no cost to the parents be completed within 60 days of the Referral Conference.

STEP 3. PLACEMENT OF AND PROGRAMMING INCLUDED IN THE INDIVIDUAL EDUCATION PROGRAM FOR YOUR CHILD.

After your child has been tested you must be invited to attend an Evaluation Conference. At the Evaluation Conference, you, your child's teacher(s), representatives of the State and local education agencies and your child, if appropriate, will discuss the results of tests and other information about your child's handicap. You may present any information about your child at the Evaluation Conference. You may take anyone you choose to help you to this meeting. (See back page for information on where to get assistance.)

Following the discussion of all information, recommendations will be made concerning the educational placement of your child.

Possible recommendations could be:

1. Further evaluation while the child is placed or remains in a regular class.
2. Placement in a special education class.
3. Placement in a regular class with special education help (such as a resource room, an itinerant teacher, specialized materials and equipment, specialized transportation, counseling, therapy and hospital or homebound transportation.)
4. Placement in regular class without other supportive services.

YOUR CHILD CANNOT BE EXCLUDED FROM SCHOOL BECAUSE HE/SHE IS HANDICAPPED

If no program is available in the child's local school district, the district must contract with another district to provide the services needed by the child, or with another state institution for the specialized service offered. The local school district is responsible for paying the cost of the child's educational program and transportation, if necessary.

At the Evaluation Conference, if further evaluation has not been requested, recommendations for placement are made. If your child needs further evaluation then another Evaluation Conference will be scheduled.

You will be asked to sign the INDIVIDUAL EDUCATION PROGRAM signifying that you agree with the placement decision; you do not have to sign, and you may ask for a conference with the principal. If the parents continue to disagree with the principal's review, they may request a hearing before the school board through the superintendent.

If the parents continue to disagree with the decision reached by the school board, they may request a hearing with an impartial hearing officer assigned by the Department of Education, Special Education Section. This request should be filed with the Superintendent.

STEP 4. REVIEW OF CHILD'S PROGRESS.

All special education services should be monitored carefully with the goal of changing the services the child receives as his/her needs change. Review of your child's progress are to be made whenever requested by appropriate professional personnel or by you. Each year an annual report should be prepared near the end of each school year and written results submitted to you and to the principal for your child's school records. When changes in your child's program seem necessary, you will be notified. When major changes are indicated, a comprehensive evaluation is recommended. The procedure is the same as in the case of the first evaluation made when you initially contacted the school about your child.

Your child's progress in school will improve with family assistance and understanding at home.

Support learning by watching your child's demonstrations, listening to his/her reports and appreciating his/her improvement. You and your child's teacher can observe your child regularly to determine how he/she is or is not progressing.

STEP 5. ATTENDANCE BY YOUR HANDICAPPED CHILD.

As with all children, you have the responsibility for bringing your child to school authorities by the time he/she is seven years old and keeping him/her in school through the sixteenth year. Your child is subject to the same truancy laws as are other children. The public school system must be prepared to provide a child with at least thirteen years of education, and the child may enter a program by the time he/she is five years old. A handicapped child's regular attendance in his/her special program is even more important to the child's development than that of a child in regular services. Parents must be responsible for a child's attendance regardless of the child's handicap.

SO, YOU HAVE A HANDICAPPED CHILD!

1. Find out from your local school officials what programs are offered to the handicapped. (An appointment with your school principal is a beginning.)
2. Find a parent group and associate yourself with them.

If you need HELP or desire further information pertaining to the services offered handicapped or disabled children in Arkansas, you may contact the Arkansas Coalition for the Handicapped or one of the organizations representing the specific handicapping conditions as follows:

Arkansas Coalition for the Handicapped
1700 West 13th Street, Room 349
Central Baptist Hospital
Little Rock, Arkansas 72202
376-3420

United Cerebral Palsy Association of Arkansas, Inc.
1607 South Main Street
Little Rock, Arkansas 72202
372-3983

Mental Health Association in Arkansas, Inc.
1700 West 13th Street
Central Baptist Hospital
Little Rock, Arkansas 72202

Arkansas Association for Children with Learning Disabilities
P. O. Box 7316
Little Rock, Arkansas 72217

Arkansas Chapter, National Society of Autistic Children
1700 West 13th Street
Central Baptist Hospital
Little Rock, Arkansas 72202
376-0561

Arkansas Association for Retarded Citizens
10110 West Markham
Little Rock, Arkansas 72205
224-8484

PARENTS ARE VERY IMPORTANT PEOPLE...

You Know Your Child Better Than Anyone Else!

YOU HAVE AN IMPORTANT ROLE IN PLANNING YOUR CHILD'S EDUCATION. AS A PARENT, YOU ARE A MEMBER OF A TEAM RESPONSIBLE FOR PLANNING YOUR CHILD'S INDIVIDUALIZED EDUCATION PROGRAM or IEP.

WHAT Is An IEP?

An IEP is a plan written by a team of people that states what will be provided for your child at school.
The plan will include:

- What your child has accomplished to date in school
- What your child will accomplish by the end of school year
- Services that will be provided for your child
- Who will work with your child
- Where and when services will be provided
- A plan to evaluate your child's progress

WHO SHOULD BE AT THE MEETING TO WRITE THE IEP?

- YOU
- Your child's teacher(s)
- School administrator
- Testing evaluator
  (if this is the first time your child has been tested)
- And, if appropriate:
  your child, a counselor, a nurse, a speech therapist, an occupational therapist, a social worker and even a personal friend.

WHAT HAPPENS AT THE MEETING TO WRITE THE IEP?

You and other members of the team share information about your child's needs. Using this information, the team writes year long goals and short term objectives. These are the team's best estimate of what your child will accomplish. The team then lists the services and personnel that will help your child reach these goals and objectives.

HOW OFTEN DOES THE TEAM MEET?

AFTER the team writes the IEP, they must meet at least once a year to review it.

WHERE ARE THE MEETINGS HELD?

The meetings are usually held at school, but arrangements may be made to meet somewhere else, such as your home.

Midwest Regional Resource Center,
Drake University, Des Moines, Iowa 50311

This project has been funded at least in part with Federal funds from the Department of Health, Education and Welfare under contract number 300-78-0023. The contents of this publication do not necessarily reflect the views or policies of the Department of Health, Education and Welfare, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Government.

✓ Checklist for Parents...

Before the IEP meeting

☐ Visit your child's classroom to observe your child in an instructional setting.

☐ Start a notebook listing your child's developmental and educational history.

☐ Talk to your child about his/her feelings towards school, subjects, classmates, and teachers.

☐ Keep records of your child's behavior at home such as responsibilities, favorite pastimes, dislikes, typical daily schedule, interaction with others.

☐ Make out a list of questions that you want to ask school personnel regarding your child's needs.

☐ Make a list of some thoughts to share at the IEP meeting regarding your child's needs and expectations.

☐ Make a list of suggestions that you might like to see written into your child's educational plan.

Developed by

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Drake University
Des Moines, Iowa 50311

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PARENTS

ARE VERY IMPORTANT PEOPLE

YOU KNOW YOUR CHILD
BETTER THAN ANYONE ELSE

YOU HAVE AN IMPORTANT ROLE IN PLANNING YOUR CHILD'S EDUCATION.

CALLING ALL PARENTS TO BE INVOLVED IN PLANNING FOR THEIR CHILD'S EDUCATION

AS A PARENT YOU ARE A MEMBER OF YOUR CHILD'S INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM.

WHAT IS AN IEP?

AN IEP IS A STATEMENT OF WHAT WILL BE PROVIDED TO YOUR CHILD AT SCHOOL.

IT WILL INCLUDE:

- Your child's current performance level
- Your child's goals and objectives
- Services that will be provided for your child
- Who will work with your child
- Where and when services will be provided
- A plan to evaluate your child's progress

As a PARENT your ROLE on the IEP TEAM is to:

- Provide the IEP Team with a picture of your child's strengths and weaknesses.
- Help the team identify your child's educational needs.
- Assist the team in developing your child's goals and objectives.
- Contribute information about how your child learns and what materials work best .
- Decide with the team what program your child should be in and what services your child should receive.

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Midwest Regional Resource Center
Drake University
Des Moines, Iowa

ARKANSAS ORGANIZATIONS FOR HANDICAPPED STUDENTS

Arkansas Coalition for the Handicapped
Central Baptist Hospital, Room 349
12th and Marshall
Little Rock, Arkansas 72202
Mrs. Doris O'Malley, President
376-3420

Arkansas Association of Hearing Impaired Children
2214 N. Palm
Little Rock, Arkansas 72207
Mrs. Lynn Coates, President
666-8058

Arkansas Association for Children with Learning Disabilities
P.O. Box 7316
Little Rock, Arkansas 72217
Mrs. Dolly Garrison, President
666-8777

Arkansas State Chapter/National Society for Autistic Children
Central Baptist Hospital
12th and Marshall
Little Rock, Arkansas 72202
Mrs. Ruth Bradford, President
Mrs. Tracy Elledge, Director
376-0561

Arkansas Association of Kidney Patients
521 South Cedar
Little Rock, Arkansas 72205
Crofford Harrison, President

Arkansas Epilepsy Society
4120 West Markham, Suite 101
Little Rock, Arkansas 72201
Mrs. Tina Poe, President
Mrs. Nancy Weinberger, Director
376-4171

United Cerebral Palsy Association of Arkansas, Inc.
1607 South Main
Little Rock, Arkansas 72201

EC 140 387

Mental Health Association in Arkansas, Inc.
Central Baptist Hospital
12th and Marshall
Little Rock, Arkansas 72202
Mrs. Wilma Walker, President

Arkansas Association of the Deaf
1312 Marlyn Drive
Little Rock, Arkansas 72205
Bill Eckstein, President

Arkansas Association for Retarded Citizens
10110 West Markham
Little Rock, Arkansas 72205
Aldean Rogers, President (Hot Springs)
Mary Limon, Contact person
224-8484

Arkansas Rehabilitation Association
P.O. Box 3781
Little Rock, Arkansas 72203
371-1283

Arkansas Environmental Barriers Council, Inc.
P.O. Box 7601
Little Rock, Arkansas 72217
Shelia Galbraith, President

Easter Seal Society for Crippled Children & Adults of Arkansas, Inc.
P.O. Box 5148, Hillcrest Station
Little Rock, Arkansas 72205
Mr. Jim Butler, Director

Arkansas Society for the Prevention of Blindness
Southland Plaza Building
6th and McKinley
Little Rock, Arkansas 72205
Mrs. Daisye Zimmerman, President
666-0240

Arkansas Handicapped Athletic Association
Central Baptist Hospital
Arkansas Rehabilitation Institute
12th and Marshall
Little Rock, Arkansas 72202
Jack East, President
Jay Shearer, Contact person
227-3000
227-3540

Arkansas Conference on Handicapped Individuals, Inc.
P.O. Box 3781
Little Rock, Arkansas 72203
Marilyn Cox, President
371-2281

Joe Register
Volunteer Advocate Program
Central Baptist Hospital
12th and Marshall
Little Rock, Arkansas 72202
374-5542

American Amputee Foundation
Central Baptist Hospital
12th and Marshall
Little Rock, Arkansas 72202
Jack East, Director
378-0094